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

- ☒ ICE Service Processing Center
- ☐ State Facility – IGSA
- ☐ ICE Contract Detention Facility

Name ***Port Isabel Service Processing Center***
Address (Street and Name) (b)(6), (b)(7)c
City, State and Zip Code ***Los Fresnos, Texas 78566***
County ***Cameron***
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) (b)(6), (b)(7)c ***Assistant Field Office Director***
Name and title of Lead Compliance Inspector (b)(6), (b)(7)c
Date[s] of Review ***February 16 - 18, 2010***
Type of Review ☒ ***Headquarters*** ☐ ***Operational*** ☐ ***Special Assessment*** ☐ ***Other***

TABLE OF CONTENTS

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

PART 2 SECURITY 14
- Admission and Release
- Classification System
- Contraband
- Facility Security and Control
- Funds and Personal Property
- Hold Rooms in Detention Facilities
- Key and Lock Control
- Population Counts
- Post Orders
- Searches of Detainees
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Units
- Staff-Detainee Communication
- Tool Control
- Use of Force and Restraints

PART 3 ORDER 53
- Disciplinary System

PART 4 CARE 56
- Food Service
- Hunger Strikes
- Medical Care
- Personal Hygiene
- Suicide Prevention and Intervention
- Terminal Illness, Advance Directives, and Death

PART 5 ACTIVITIES 89
- Correspondence and Other Mail
- Escorted Trips for Non-Medical Emergencies
- Marriage Requests
- Recreation
- Religious Practices
- Telephone Access
- Visitation
- Voluntary Work Program

PART 6 JUSTICE 104
- Detainee Handbook
- Grievance System
- Law Libraries and Legal Material
- Legal Rights Group Presentations

PART 7 ADMINISTRATION & MANAGEMENT 114
- Detention Files
- News Media Interviews and Tours
- Staff Training
- Transfer of Detainees

SECTION I
SAFETY STANDARDS

PART 1 – 1. EMERGENCY PLANS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. No Detainee or detainee groups exercise control or authority over other detainees.	☒	☐	☐	
2. Detainees are protected from: • Personal abuse • Corporal punishment • Personal injury • Disease • Property damage • Harassment from other detainees	☒	☐	☐	Emergency Plan #2, entitled Safe Harbor, outlines precautions staff are to take to ensure detainees are protected from these.
3. Staff is trained to identify signs of detainee unrest. • What type of training and how often?	☒	☐	☐	All staff receive pre-service and annual in-service training.
4. Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.	☒	☐	☐	
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.	☒	☐	☐	The facility created an employee committee responsible for the development/implementation of emergency plans, which includes annual reviews.
6. Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	☒	☐	☐	
7. All staff receives training in the emergency plans during their orientation training as well as during their annual training.	☒	☐	☐	All staff receive pre-service and annual in-service training.
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.	☒	☐	☐	
9. The plans address the following issues: • Confidentiality • Accountability (copies and storage locations) • Annual review procedures and schedule • Revisions	☒	☐	☐	
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	☒	☐	☐	
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	☒	☐	☐	
12. The facility has cooperative contingency plans with applicable: • Local law enforcement agencies • State agencies • Federal agencies	☒	☐	☐	The inspector reviewed Memoranda of Understanding (MOUs) with several agencies.

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
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.	☒	☐	☐	There is one mock emergency exercise conducted annually.
14. All staff receives copies of the Facility Hostage policy and procedures.	☒	☐	☐	Staff receive copies during pre-service and annual reviews are conducted during in-service training.
15. Staff is trained to (b)(7)(e) (b)(7)(e) Within 24 hours after release, hostages are screened for medical and psychological effects.	☒	☐	☐	
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	☒	☐	☐	The facility maintains a contract with the Center for Technical Translation (CTT).
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.	☒	☐	☐	
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	☒	☐	☐	
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	☐	☒	☐	The facility has a Staff Work Stoppage plan; however, it is included in the Detainee Work Stoppage plan which is available for general staff review and not limited to supervisory staff.
21. **(MANDATORY)** Written procedures cover: • Work/Food Strike • Fire • Environmental Hazard • Detainee Transportation System Emergency • ICE-wide Lockdown • Staff Work Stoppage • Disturbances • Escapes • Bomb Threats • Adverse Weather • Internal Searches • Facility Evacuation • Detainee Transportation System Plan • Hostages (Internal) • Civil Disturbances	☒	☐	☐	The facility maintains updated policies addressing all listed areas of the standard. Written procedures are developed and maintained by a compliance committee appointed by the Assistant Field Office Director (AFOD) and updated annually.

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**
22. The Emergency Plans specify a procedure for post-emergency debriefings and discussions.	☒	☐	☐	
PART 1 – 1. EMERGENCY PLANS				
☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**				

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

The facility maintains emergency contingency plans as required by the standard. These plans are reviewed annually and provided to staff during annual in-service training.

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

(b)(6), (b)(7)c / 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high ility 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
1. **(MANDATORY)** The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	☒	☐	☐	The facility's policy for hazardous materials is 3.2.5, Control and Use of Hazardous Materials. This inspector reviewed the facility policy and inspected several areas to ensure compliance.
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	☒	☐	☐	Tours of C and D Dorms, Food Service, and Maintenance revealed each area is inventoried daily.
3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. • The files list all storage areas, and include a plant diagram and legend. • The MSDSs and other information in the files are available to personnel managing the facility's safety program.	☒	☐	☐	This information is maintained by the Fire/Safety Officer.
4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: • Wear personal protective equipment. • Report hazards and spills to the designated official.	☒	☐	☐	
5. The MSDS are readily accessible to staff and detainees in the work areas.	☒	☐	☐	MSDS books were noted throughout the facility.
6. Hazardous materials are always issued under proper supervision. ▪ Quantities are limited. ▪ Detainees are trained. ▪ Staff always supervises detainees using these substances.	☒	☐	☐	
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	☒	☐	☐	These items were stored and secured in a separate, stand-alone building. All chemicals are inventoried.
8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	☒	☐	☐	
9. All toxic and caustic materials stored in their original containers in a secure area.	☒	☐	☐	
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	☒	☐	☐	
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.	☐	☐	☒	The facility does not have any products which contain methyl alcohol.
2. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	☒	☐	☐	

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
13. **(MANDATORY)** The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	☒	☐	☐	This inspector conducted a facility tour and examined several areas, including Haz-Mat Controls and fire safety, to ensure compliance.
14. A technically qualified staff member conducts fire and safety inspections.	☒	☐	☐	The State Fire Marshal conducted an annual inspection on 01-27-10. As of this review, the official report has not been completed; however, the facility indicated no significant deficiencies were reported.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	☒	☐	☐	Reports were reviewed by this inspector.
16. **(MANDATORY)** The facility has an approved fire prevention, control, and evacuation plan.	☒	☐	☐	The following facility policies are in place for fire prevention, control and evacuation: 3.2.1, Fire and Life Safety Programs; 3.2.2, Fire Prevention Procedures and Equipment; 3.2.3, Fire Response Plan; and 3.2.11, Evacuation Plan. A thorough review of these policies was conducted.
17. The plan requires: • Monthly fire inspections. • Fire protection equipment strategically located throughout the facility. • Public posting of emergency plan with accessible building/room floor plans. • Exit signs and directional arrows. • An area-specific exit diagram conspicuously posted in the diagrammed area.	☒	☐	☐	
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	☒	☐	☐	This inspector reviewed several facility fire drills.
19. A sanitation program covers barbering operations.	☒	☐	☐	
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	☒	☐	☐	
21. The sanitation standards are conspicuously posted in the barbershop.	☒	☐	☐	Sanitation standards are clearly posted.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	☒	☐	☐	Facility Policy 7.3.4.2, Sharps Control Procedure, addresses this.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	☒	☐	☐	
24. Standard cleaning practices include: • Using specified equipment; cleansers; disinfectants and detergents. • An established schedule of cleaning and follow-up inspections.	☒	☐	☐	

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25. Spill kits are readily available.	☒	☐	☐	Spill kits were noted at numerous posts throughout the facility.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	☒	☐	☐	
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	☒	☐	☐	
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	☒	☐	☐	
29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. • At least monthly. • The pest-control program includes preventive spraying for indigenous insects.	☒	☐	☐	The facility has a licensed Pest Control Officer who conducts the inspections.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	☒	☐	☐	The facility conducts water testing on a monthly basis in several different areas. The test is conducted by the Texas Department of State Health Services (TDSHS).
31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. • Testing is followed-up with timely corrective actions (repairs and replacements).	☒	☐	☐	Emergency generators are tested every two weeks and other emergency systems are tested quarterly. Twelve out of the facility's 17 generators work. The facility has temporary generators for the 5 that are inoperable. There is a contract pending with the Army Corp of Engineers for the replacement of all 17 generators.
32. The Facility appears clean and well maintained.	☒	☐	☐	
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	☒	☐	☐	
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	☒	☐	☐	
35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	☒	☐	☐	
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.	☒	☐	☐	

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
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	☒	☐	☐	
38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: • American Correctional Association, • Occupational Safety and Health Administration, • Environmental Protection Agency, • Food and Drug Administration, • National Fire Protection Association's Life Safety Code, and • National Center for Disease Control and Prevention.	☒	☐	☐	

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The facility's Hazardous Communication and Fire Plans are in place and have been reviewed and approved by the State Fire Marshal's Office. There were a few areas which did not have a fire extinguisher label posted above the extinguishers; however, according to the Fire/Safety Officer, they were going to order the labels. The current interim evacuation/temporary generator plan provides adequate protection and services; however, the replacement of the emergency generators needs to remain a high priority.

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

(b)(6), (b)(7)c 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 1 – 3. TRANSPORTATION (BY LAND)

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	☒	☐	☐	Records are maintained by the Transportation Coordinator of the facility.
2. Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	☒	☐	☐	
3. Supervisors maintain records for each vehicle operated.	☒	☐	☐	All vehicle records are maintained by the Transportation Coordinator.
4. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	☒	☐	☐	
5. Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	☒	☐	☐	
6. Officers use a checklist during every vehicle inspection. • Officers report deficiencies affecting operability. • Deficiencies are corrected before the vehicle goes back into service.	☒	☐	☐	An inspection is conducted prior to utilizing vehicles and upon return of the vehicle. Both are documented.
7. Transporting officers: • Limit driving time to (b)(7)e hours in any (b)(7)e hour period when transporting detainees. • Drive only after (b)(7)e consecutive off-duty hours. • Do not receive transportation assignments after having been on duty, in any capacity, for (b)(7)e hours. • Drive a (b)(7)e hour maximum in a given work week; a (b)(7)e hour maximum during eight consecutive days. • During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area–exceeding the (b)(7)e hour limit.	☒	☐	☐	
8. (b)(7)(e) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. • When buses travel in tandem with detainees, there are (b)(7)e qualified officers per vehicle. • An (b)(7)(e) driver transports an empty vehicle.	☒	☐	☐	All Transportation Officers maintain a current and valid CDL issued by the state of Texas.
9. The transporting officer inspects the vehicle before the start of each detail.	☒	☐	☐	
10. Positive identification of all detainees being transported is confirmed.	☒	☐	☐	
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	☒	☐	☐	

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
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	☒	☐	☐	
13. All uniformed officers (b)(7)e in accordance with the ICE (b)(7)e and/or applicable contract policy when transporting detainees.	☒	☐	☐	
14. The vehicle crew conducts a visual count once all passengers are on board and seated. • Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.	☒	☐	☐	
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	☒	☐	☐	Policy 3.1.25, Transportation by Land, outlines these procedures.
16. Officers ensure that no one contacts the detainees. • (b)(7)e officer remains in the vehicle at all times when detainees are present.	☒	☐	☐	
17. Meals are provided during long distance transfers. • The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	☒	☐	☐	
18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). • Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. • Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.	☒	☐	☐	
19. Vehicles have: • (b)(7)e • (b)(7)(e) • Equipment appropriate and necessary for transporting detainees with physical disabilities.	☒	☐	☐	
20. The vehicles are clean and sanitary at all times.	☒	☐	☐	
21. Personal property of a detainee transferring to another facility: • Is inventoried. • Is inspected. • Accompanies the detainee.	☒	☐	☐	

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 • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list is not exclusively men or women or minors	☒	☐	☐	Contingency plans are included in the post orders for the Transportation Officers.

PART 1 – 3. TRANSPORTATION (BY LAND)

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The facility has a contract with the Abtna Technical Services Inc (ATSI) to provide transportation for the facility. A transportation coordinator for the contractor ensures all records are maintained for vehicles and other transportation activities.

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

(b)(6), (b)(7)c / 02-18-10

REVIEWER'S SIGNATURE / DATE

SECTION II
SECURITY STANDARDS

PART 2 – 4. ADMISSION AND RELEASE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	☒	☐	☐	There is a thorough detainee handbook and an orientation video, both provided in English and Spanish, which are used during the admission process.
2. Medical screenings are performed by medical staff or persons who have received specialized training for the purpose of conducting an initial health screening.	☒	☐	☐	All medical screenings are performed by medical staff.
3. When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	☒	☐	☐	Every detainee admitted to this facility has been classified by the Harlingen ICE Staging Center. A facility Classification Officer then reviews the classification status of every detainee at intake and determines appropriate housing placement.
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.	☒	☐	☐	All strip searches must be approved by the Assistant Field Office Director (AFOD) who is the facility's officer-in-charge.
6. The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	☒	☐	☐	
7. Staff 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.	☒	☐	☐	
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	☒	☐	☐	Observation of the clothing items issued when detainees are admitted to the facility confirmed compliance.
9. All releases are coordinated with ICE.	☒	☐	☐	
10. Staff completes paperwork/forms for release as required.	☒	☐	☐	

PART 2 – 4. ADMISSION AND RELEASE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Each detainee receives a receipt for personal property secured by the facility.	☒	☐	☐	Detainee files checked at random, confirmed compliance.
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	☒	☐	☐	Computerized programs, logbooks, and other record books are used.
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.	☒	☐	☐	
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	☒	☐	☐	There is a thorough detainee handbook and an orientation video, both provided in English and Spanish, which are used during the admission process. Some orientation material is also available in French, Russian, and Chinese.

PART 2 – 4. ADMISSION AND RELEASE

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

Contract security staff under ICE staff supervision perform the required functions for the admission and release process. Well-written post orders, policies and procedures ensure the admission and release process at this facility complies with all of the ICE standard requirements.

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

(b)(6), (b)(7)c / 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 2 – 5. CLASSIFICATION SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	☒	☐	☐	Every detainee admitted to this facility has been classified by the Harlingen ICE Staging Center. A facility Classification Officer reviews the classification status of every detainee as part of the admission process.
2. The facility classification system includes: • Classifying detainees upon arrival. • Separating individuals who cannot be classified upon arrival from the general population. • The first-line supervisor or designated classification specialist reviews every classification decision.	☒	☐	☐	A Classification Officer reviews the classification status of every detainee as part of the admission process.
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	☒	☐	☐	
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.	☒	☐	☐	
5. Housing assignments are based on classification-level.	☒	☐	☐	The facility has written policies and procedures to ensure detainee housing assignments are based strictly on classification level.
6. A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	☒	☐	☐	
7. Detainee work assignments are based upon classification designations.	☒	☐	☐	
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.	☒	☐	☐	The Classification Officer schedules and conducts all reassessments as required.
9. The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	☒	☐	☐	
10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	☒	☐	☐	
11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	☒	☐	☐	The grievance process is used for classification appeals.
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	☒	☐	☐	

MARCH 2015 ICE2012FOIA03030.0002740

PART 2 – 5. CLASSIFICATION SYSTEM				
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.				
Components	**Meets Standard**	**Does Not Meet Standard**	**N/A**	**Remarks**
13. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	☒	☐	☐	The facility has written policies and procedures to ensure detainees are provided with only the appropriate color-coded clothing based on classification level.

PART 2 – 5. CLASSIFICATION SYSTEM			
☒ Meets Standard	☐ Does Not Meet Standard	☐ N/A	☐ Repeat Finding

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

Although every detainee admitted to this facility has been classified at the Harlingen ICE Staging Center prior to their arrival, a facility Classification Officer conducts a review with every detainee. The Classification Officer, with supervisory approval, can change the classification level of a detainee when warranted.

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

(b)(6), (b)(7)c 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 2 – 6. CONTRABAND

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.	☒	☐	☐	Two policies address contraband: 3.1.17, Contraband Control; and 3.1.17-1, Collection of Evidence.
2. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	☒	☐	☐	
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.	☒	☐	☐	
5. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	☒	☐	☐	
6. Staff follows written procedures when destroying hard contraband that is illegal.	☒	☐	☐	
7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. • If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. • Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property.	☒	☐	☐	
8. Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	☒	☐	☐	Detainees receive notice of contraband rules in the detainee handbook. Confiscated contraband is documented and the detainee is notified.
9. Facilities with Canine Units only use them for contraband detection.	☒	☐	☐	The facility does not have a Canine Unit; however, utilizes Border Patrol Canine Units for contraband detection on the perimeter only.

PART 2 – 6. CONTRABAND

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The PISPC policies and procedures reviewed address standard requirements.

(b)(6), (b)(7)c 02-18-2010 (b)(6), (b)(7)c

REVIEWER'S SIGNATURE / DA

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.	☒	☐	☐	Logbooks were reviewed and indicated all checks are conducted weekly.
2. At least (b)(7) male and (b)(7) female staff are on duty where both males and females are housed.	☐	☐	☒	The facility does not house female detainees.
3. Comprehensive annual staffing analysis determines staffing needs and plans.	☒	☐	☐	The staffing analysis is performed by the security contractor (ATSI) to ensure compliance with the ICE master contract.
4. Essential posts and positions are filled with qualified personnel.	☒	☐	☐	
5. Every Control Center officer receives specialized training.	☒	☐	☐	
6. Policy restricts staff access to the Control Center.	☒	☐	☐	
7. Detainees do not have access to the Control Center.	☒	☐	☐	
8. Communications are centralized in the Control Center.	☒	☐	☐	
9. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	☒	☐	☐	
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	☒	☐	☐	
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	☒	☐	☐	
12. Staff makes watch calls every half-hour between 6 PM and 6 AM.	☒	☐	☐	
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	☒	☐	☐	The inspector viewed logs in the control center.
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	☒	☐	☐	Observation of the process confirmed compliance.
15. All visits officially recorded in a visitor logbook or electronically recorded.	☒	☐	☐	
16. The facility has a secure, color-coded visitor pass system.	☒	☐	☐	
17. Officers monitor all vehicular traffic entering and leaving the facility.	☒	☐	☐	

PART 2 – 7. FACILITY SECURITY AND CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: • The driver's name • Company represented • Vehicle contents • Delivery date and time • Date and time out • Vehicle license number • Name of employee responsible for the vehicle during the facility visit	☒	☐	☐	
19. Officers thoroughly search each vehicle entering and leaving the facility.	☒	☐	☐	
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	☒	☐	☐	
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	☒	☐	☐	
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	☒	☐	☐	
23. Written procedures govern searches of detainee housing units and personal areas.	☒	☐	☐	Procedures are ddressed in two policies: 3.1.17, Contraband Control: and 3.1.18, Searches.
24. Housing area searches occur at irregular times.	☒	☐	☐	
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	☒	☐	☐	
26. There are post orders for every security officer post.	☒	☐	☐	
27. Detainee movement from one area to another area is controlled by staff.	☒	☐	☐	
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	☒	☐	☐	
29. Every search of the SMU and other housing units is documented.	☒	☐	☐	
30. The SMU entrance has a sallyport.	☒	☐	☐	
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the *housing unit*.	☒	☐	☐	

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
32. The facility has a comprehensive security inspection policy. The policy specifies: • Posts to be inspected • Required inspection forms • Frequency of inspections • Guidelines for checking security features • Procedures for reporting weak spots, in-consistencies, and other areas needing improvement	☒	☐	☐	Policy 3.1.16, Security Inspections, addresses this component.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	☒	☐	☐	
34. Documentation of security inspections is kept on file.	☒	☐	☐	
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.	☒	☐	☐	
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	☒	☐	☐	
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	☒	☐	☐	
39. Daily procedures include: • (b)(7)(e) • Physical checks of the perimeter fence. • Documenting the results.	☒	☐	☐	
40. Visitation areas receive frequent, irregular inspections.	☒	☐	☐	
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	☒	☐	☐	
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	☒	☐	☐	Checks are conducted weekly and documented.

FACILITY SECURITY AND CONTROL

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The facility maintains accurate logs of activities in all areas. Supervisory staff conduct regular inspections noting the conditions of confinement. Vehicular traffic is logged in and out of the facility as required.

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

(b)(6), (b)(7)c 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

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.	☒	☐	☐	Facility Policy 4.1.3, Detainee Property Processing, addresses this area.
2. Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	☒	☐	☐	
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.	☒	☐	☐	
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.	☒	☐	☐	This inspector observed the admissions process.
5. For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	☒	☐	☐	
6. Staff gives the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	☒	☐	☐	
7. Staff forwards an arriving detainee's medicine to the medical staff.	☒	☐	☐	
8. Staff searches arriving detainees and their personal property for contraband.	☒	☐	☐	
9. Property discrepancies are immediately reported to the Chief of Security or equivalent.	☒	☐	☐	
10. Staff follows written procedures when returning property to detainees.	☒	☐	☐	
11. CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	☒	☐	☐	
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility. • By sending written notice to the detainee's last known address; via certified mail; • The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.	☒	☐	☐	
13. Staff obtains a forwarding address from each detainee.	☒	☐	☐	
14. It is standard procedure for (b)(7)(e) officers to be present when removing/documenting the removal of funds from a detainee's possession.	☒	☐	☐	

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
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.	☒	☐	☐	
18. Staff tags large valuables with both a G-589 and an I-77.	☒	☐	☐	
19. The supervisor verifies the accuracy of every G-589.	☒	☐	☐	
20. The supervisor ensures that: • Detainee funds are, without exception, deposited into the cash box; • Every property envelope is sealed. • All sealed property envelopes are placed in the safe. • Large, valuable property is kept in the secured locked area.	☒	☐	☐	
21. Staff tags every baggage/facility container with an I-77, completed in accordance with the ICE standard.	☒	☐	☐	
22. Staff secures every container used to store property with a tamper-proof numbered strap.	☒	☐	☐	
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	☒	☐	☐	
24. In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	☒	☐	☐	
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.	☒	☐	☐	The facility is in compliance with the quarterly audits which they conduct on a monthly basis.
26. The facility positively identifies every detainee being released or transferred.	☒	☐	☐	
27. Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	☒	☐	☐	
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.	☒	☐	☐	

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

This inspector conducted a review of personal property storage and the area was very neat and well organized. Accountability systems are in place for funds and personal property.

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

(b)(6), (b)(7)c 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The hold room is situated in a location within the secure perimeter.	☒	☐	☐	This inspector observed hold rooms in the receiving and medical units. Both areas are inside the secure perimeter.
2. The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	☒	☐	☐	
3. The hold rooms contain sufficient seating for the number of detainees held.	☒	☐	☐	All hold rooms have the maximum capacity noted outside the room.
4. No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	☒	☐	☐	
5. Hold room walls and ceilings are escape and tamper resistant.	☒	☐	☐	
6. Detainees are not held in hold rooms for more than 12 hours.	☒	☐	☐	
7. Male and females detainees are segregated from each other at all times.	☐	☐	☒	The facility only houses male detainees.
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	☒	☐	☐	
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 toilet facilities.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	☒	☐	☐	
11. When the last detainee has been removed, the hold room is inspected for the following: • Cleaning. • Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.	☒	☐	☐	
12. **(MANDATORY)** There is a written evacuation plan. • There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.	☒	☐	☐	Written evacuation plans are listed in the facility fire plan and included in the post orders for each post. The plans designate the assigned officer to remove detainees from hold rooms in case of fire and/or building evacuation or other emergencies.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	☒	☐	☐	
14. Single occupant hold rooms contain a minimum of (b)(7)e square feet (b)(7)e (b)(7)e • If multiple-occupant hold rooms are used, there is an additional (b)(7)e unencumbered square feet for each additional detainee.	☒	☐	☐	

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
15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: • Compliant with the American Disabilities Act. • Small hold rooms (b)(7)e have at least one combi-unit. • Large hold rooms (b)(7)e are provided with at least two combi-units.	☒	☐	☐	
16. In SPCs designed after 1998 the hold rooms have floor drain(s).	☐	☒	☐	The facility has six small hold rooms, each with a capacity of (b)(7)e detainees that do not have floor drains as required. These hold rooms are located in a building that was constructed in 2007.
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	☒	☐	☐	
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	☒	☐	☐	
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	☐	☐	☒	The facility does not house minors.
20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. • The log includes the required information specified in the standard.	☒	☐	☐	Manual logs are maintained at each post that has hold rooms.
21. Officers provide a meal to any detainee detained in a hold room for more than six hours. • Juveniles, babies and pregnant women have access to snacks, milk or juice. • Meal are served to juveniles regardless of time in custody	☒	☐	☐	
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.	☒	☐	☐	
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.	☒	☐	☐	

MARCH 2015 ICE2012FOIA03030.0002750

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
26. Officers closely supervise hold rooms through direct supervision, to ensure: ▪ Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and • Visual monitoring at irregular intervals at least every (b)(7)e minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." ▪ Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.	☒	☐	☐	

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The facility has hold rooms in the both the receiving and medical units, with accurate logs maintained for all. The larger hold rooms all contain the required drains, toilets, and seating; however, there are six smaller hold rooms in the receiving area, with a capacity of three detainees each that do not have floor drains.

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

(b)(6), (b)(7)c 02-18-10

REVIEWER'S SIGNATURE / DATE

MARCH 2015 ICE2012FOIA03030.0002751

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.	☒	☐	☐	The facility has (b)(7)e mmigration Enforcement Agents (IEAs) who are trained by the Lockmasters Security Institute as certified locksmiths.
2. The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	☒	☐	☐	
3. The security officer, or equivalent, provides training to all employees in key and lock control.	☒	☐	☐	
4. The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	☒	☐	☐	
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	☒	☐	☐	
6. Facility policies and procedures address the issue of compromised keys and locks.	☒	☐	☐	Policy 3.1.14, Key Control, addresses this issue.
7. The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	☒	☐	☐	
8. Only (b)(7)e lock functions are used in detainee accessible areas.	☒	☐	☐	
9. Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	☒	☐	☐	
10. The facility does not use grand master keying systems.	☒	☐	☐	
11. All worn or discarded keys and locks cut up and properly disposed of.	☒	☐	☐	
12. Padlocks and/or chains are not used on cell doors.	☒	☐	☐	
13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to • Occupational Safety and Environmental Health Manual, Chapter 3 • National Fire Protection Association Life Safety Code 101.	☒	☐	☐	
14. The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	☒	☐	☐	The keyboard in the key control area were observed.
15. Procedures in place to ensure that key rings are: • Identifiable • Numbers of keys on the ring are cited? • Keys cannot be removed from issued key rings	☒	☐	☐	
16. Emergency keys are available for all areas of the facility.	☒	☐	☐	Emergency keys are available for all areas of the facility. These keys are located outside the secure perimeter of the facility in the Control Center.
17. The facility uses a key accountability system.	☒	☐	☐	Keys are checked out of the key control areas utilizing a key chit with the employee's picture on it.

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**
18. Authorization is necessary to issue any restricted key.	☒	☐	☐	Restricted keys are in locked boxes within the (b)(7)(e) and can *only be accessed* by persons authorized to draw the keys.
19. Individual (b)(7)(e) lockers are provided. • They are located in an area that permits constant officer observation. • In an area that does not allow detainee or public access.	☒	☐	☐	
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	☒	☐	☐	
21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. • Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. • When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. • Detainees are not permitted to handle keys assigned to staff.	☒	☐	☐	Training is conducted in pre-service orientation for new employees and annually thereafter.
22. Locks and locking devices are continually inspected, maintained, and inventoried.	☒	☐	☐	
23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	☒	☐	☐	
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	☒	☐	☐	
25. The splitting of key rings into separate rings is not authorized.	☒	☐	☐	
PART 2 – 10. KEY AND LOCK CONTROL				
☒ **Meets Standard**	☐ **Does Not Meet Standard**	☐ **N/A**	☐ **Repeat Finding**	

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

The facility accounts for all keys utilizing a key chit which is issued to each employee. The chit contains a picture of the employee. Restricted keys have the image of the employee above the key location on the key board, making identification of the authorized employee easy for the assigned key control officer.

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

(b)(6), (b)(7)c 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 2 – 11. POPULATION COUNTS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Staff conducts a formal count at least (b)(7)e hours (no less than (b)(7)e counts per day). At least one of these counts shall be a face to photo count.	☒	☐	☐	The facility conducts (b)(7)e formal counts per day.
2. Activities cease or are strictly controlled while a formal count is being conducted.	☒	☐	☐	
3. There is a system for counting each detainee, including those who are outside the housing unit.	☒	☐	☐	
4. Formal counts in all units take place simultaneously.	☒	☐	☐	
5. Officers do not allow detainee participation in the count.	☒	☐	☐	
6. A face-to-photo count follows each unsuccessful recount.	☒	☐	☐	
7. Officers positively identify each detainee before counting him/her as present.	☒	☐	☐	
8. Written procedures cover informal and emergency counts.	☒	☐	☐	Written instructions are outlined in 3.1.10, Detainee Accountability.
9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	☒	☐	☐	
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	☒	☐	☐	

PART 2 – 11. POPULATION COUNTS

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

Observed the count procedures utilized by detention staff at the PISPC. All policies and procedures are in accordance with the standard.

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

(b)(6), (b)(7)c / 02-18-10

/ **REVIEWER'S SIGNATURE / DATE**

PART 2 – 12. POST ORDERS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Every fixed post has a set of Post Orders.	☒	☐	☐	
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	☒	☐	☐	
3. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	☒	☐	☐	Post orders are checked daily by supervisory detention staff.
4. One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	☒	☐	☐	Post orders are reviewed and updated at least annually by the facility compliance team.
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	☒	☐	☐	
6. The facility administrator authorizes all Post Order changes.	☒	☐	☐	All post orders are authorized by the AFOD.
7. The facility administrator has signed and dated the last page of every section.	☒	☐	☐	
8. A Post Orders master file is available to all staff.	☒	☐	☐	Post order master files are maintained in the: (b)(7)e Office; (b)(7)e (b)(7)e Office.
9. Procedures keep Post Orders and logbooks secure from detainees at all times.	☒	☐	☐	
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	☒	☐	☐	
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	☒	☐	☐	Post orders are reviewed by staff daily.
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.	☒	☐	☐	
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	☒	☐	☐	
14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: ▪ (b)(7)(e) ▪	☒	☐	☐	
15. Post Orders for armed posts provide instructions for escape attempts.	☒	☐	☐	
16. The Post Orders for housing units track the daily event schedule.	☒	☐	☐	

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**
17. Housing unit post officers record all detainee activity in a log. The Post Orders include 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.)*:

Post orders were reviewed in the housing and program areas of the facility. Staff are required to review and sign the post orders for their areas of responsibility immediately upon reporting to their post.

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

(b)(6), (b)(7)c / 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 2 – 13. SEARCHES OF DETAINEES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. There are written policy and procedures governing searches of housing areas, work areas and of detainees.	☒	☐	☐	The facility has clear and specific written procedures for conducting searches of detainees, and in housing areas and work areas.
2. Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	☒	☐	☐	
3. 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.	☒	☐	☐	Written procedures are clear and specific on this issue.
4. Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	☒	☐	☐	
5. Detainees are pat searched and screened by metal detectors routinely to control contraband.	☒	☐	☐	Visual observations and a review of policy and logbooks confirm compliance.
6. Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	☒	☐	☐	Prior approval from the facility's OIC is required for any strip search.
7. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	☒	☐	☐	Facility policy is clear and specific on this issue.
8. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures	☒	☐	☐	
9. Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	☒	☐	☐	
10. Canines are not used in the presence of detainees	☒	☐	☐	Canines have not been brought into the facility during the past 12 months.

PART 2 – 13. SEARCHES OF DETAINEES

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The facility has clear and specific written policy and procedures that govern every type of authorized search.

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

(b)(6), (b)(7)c / 02-18-10

REVIEWER'S SIGNATURE / DATE

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	☒	☐	☐	Facility Policy 4.5.13, Sexual Abuse/Assault Prevention and Intervention, includes a description of the facility program.
2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	☒	☐	☐	Policy 4.5.13 was approved by the FOD on 01-22-10.
3. Tracking statistics and reports are readily available for review by the inspectors.	☒	☐	☐	Documentation of all allegations of sexual abuse/assault is entered into the computerized Mental Health Data Collection (MHDC) system by the facility's Licensed Clinical Social Worker (LCSW), as confirmed per a review of the documentation. The information collected by the LCSW is forwarded to the SIEA designated as the program coordinator. The SIEA confirmed receipt of the collected information.
4. All staff is trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	☒	☐	☐	Per the facility training officer and as confirmed by a review of staff training records, all staff receive training on sexual abuse and assault prevention and intervention during orientation and annual in-service training.
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	☒	☐	☐	A sexual assault awareness video presentation is shown in the hold rooms during the intake process. English and Spanish versions are shown on a rotating basis. Section VII of the local supplement to the detainee handbook also provides information on the sexual abuse and assault prevention program.
6. The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	☒	☐	☐	Observations in the housing units confirmed posting of the required notice.
7. The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	☒	☐	☐	A copy of the Sexual Assault Awareness brochure is given to each detainee during the intake process. English and Spanish language versions were both reviewed. Per facility staff, the brochure is also available in French, Russian, and Chinese.

MARCH 2015 ICE2012FOIA03030.0002758

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	☒	☐	☐	As confirmed per a review of detainee medical records, all detainees are screened for sexual assault and sexual victimization potential as part of the medical intake screening process. A follow-up screening is completed as part of the 14-day physician assessment.
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	☒	☐	☐	Per discussions with the designated SIEA and the LCSW, all reported allegations of detainee-on-detainee abuse/assault have been documented. No such allegations were reported during the past year.
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	☒	☐	☐	Per discussions with the designated SIEA and the LCSW, all reported allegations of staff-on-detainee abuse/assault have been documented. During the past year two allegations were reported to the LCSW. Per the SDDO and the designated SIEA, the psychiatrist determined the allegations were symptoms of mental illness and they were not valid.
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.	☒	☐	☐	Policy 4.5.13 establishes procedures for chain-of-command reporting. Per discussions with the designated SIEA and the LCSW, reporting and intervention are initiated as soon as an allegation is reported.
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.	☒	☐	☐	In accordance with Policy 4.5.13, and as confirmed per discussions with the designated SIEA, an investigation is initiated whenever a viable allegation is made. The SIEA makes referrals to appropriate law enforcement agencies when indicated.
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	☒	☐	☐	Per discussions with the LCSW and designated SIEA, notifications are made as soon as possible after the allegation/incident is reported.

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	☒	☐	☐	Per the LCSW and Assistant Health Services Administrator (AHSA), staff from the local Family Crisis Center provides on-site services to victims of sexual abuse or assault. Per discussions with the AHSA and designated SIEA, victims may be examined by on-site health care providers or referred to community resources if indicated.
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.	☒	☐	☐	Per discussions with the designated SIEA and the LCSW, the SIEA maintains all records associated with claims of sexual abuse or assault. Both maintain a copy of the tracking log.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

Sexual assault awareness information was observed to be highly visible and readily available to the detainee population. Per a review of tracking documentation and interviews with facility staff, there were no allegations of detainee-on-detainee sexual abuse/assault and no viable allegations of staff-on-detainee sexual abuse/assault during the past 12 months.

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

(b)(6), (b)(7)c / 02-18-10

REVIEWER'S SIGNATURE / DATE

MARCH 2015 ICE2012FOIA03030.0002760

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**
1. Written policy and procedures are in place for special management units.	☒	☐	☐	Facility Policy 3.4.1, Special Management Unit Operation, outlines policy and procedures governing the special management unit (SMU).
2. A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	☒	☐	☐	
3. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	☒	☐	☐	
4. **(MANDATORY)** Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	☒	☐	☐	The inspector reviewed several files and noted health care personnel are notified immediately upon every admission into the SMU. Post orders and policies require detention officers to notify health care personnel immediately upon a detainee's admission into the SMU.
5. There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	☒	☐	☐	
6. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	☒	☐	☐	
7. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	☒	☐	☐	
8. Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	☒	☐	☐	The inspectors reviewed logs maintained in the SMU.
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.	☒	☐	☐	Permanent logs are maintained, as well as additional log sheets, which are placed in the detainee files.

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
10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: ▪ The time and date of the visit, and ▪ Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.	☒	☐	☐	The inspector reviewed logs and was required to signed into the unit utilizing the log.
11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: ▪ In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. ▪ In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: ▪ By the end of each shift, the special housing unit officer records: o Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. ▪ When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift.	☒	☐	☐	The inspector reviewed files of all detainees housed in the SMU. All files had an (b)(7)e on file and they were up-to-date.
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	☒	☐	☐	
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.	☒	☐	☐	Facility Policy 3.4.1, SMU Operations, addresses property issues for this area.
14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	☒	☐	☐	
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.	☒	☐	☐	

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
16. Detainees in SMUs are personally observed at least every (b)(7)e minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	☒	☐	☐	The inspector reviewed the checks made on all detainees housed in the SMU. All were compliant with the standard.
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	☒	☐	☐	
18. The facility administrator (or designee) visits each SMU daily.	☒	☐	☐	The SIEA visits the SMU daily.
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).	☒	☐	☐	Nursing staff visit the SMU daily. All medical visits are recorded on the I-888 form.
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	☒	☐	☐	
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	☒	☐	☐	Showers and shaves are offered daily. All other services are offered on the same basis as general population.
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	☒	☐	☐	Policy dictates this is done; however, there have been no incidents requiring these actions during the past year.
23. Detainees in an SMU may write and receive letters the same as the general population.	☒	☐	☐	
24. Detainees in an SMU ordinarily retain visiting privileges.	☒	☐	☐	
25. Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	☒	☐	☐	Policy provides for restrictions; however, there have been no incidents of visitation denials during the past year.
26. Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	☐	☐	☒	There have been no incidents during the past year.

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**
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	☒	☐	☐	
28. In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	☒	☐	☐	
29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	☒	☐	☐	
30. Ordinarily, detainees in SMUs are not denied legal visitation.	☒	☐	☐	
31. There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	☒	☐	☐	
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	☒	☐	☐	
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	☒	☐	☐	
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	☒	☐	☐	The SMU contains a satellite law library with up-to-date LexisNexis. Detainees are permitted to retain reasonable amounts of personal legal material.
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	☒	☐	☐	
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	☒	☐	☐	
37. Any denial of access to the law library is always: • Supported by compelling security concerns, • For the shortest period required for security, and • Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied.	☒	☐	☐	
38. Recreation for detainees in the SMU is separate from the general population.	☒	☐	☐	

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
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	☒	☐	☐	
40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	☒	☐	☐	Recreation is offered daily.
41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	☒	☐	☐	
42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	☒	☐	☐	
43. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	☒	☐	☐	
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on *Telephone Access*, *except* for compelling and documented reasons of safety, security, and good order.	☒	☐	☐	

PART 2 – 15. SPECIAL MANAGEMENT UNITS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)	☒	☐	☐	
46. There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.	☒	☐	☐	Facility Policy 3.4.2, entitled Administrative Segregation, addresses review procedures.
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.	☒	☐	☐	

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
48. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	☒	☐	☐	
49. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	☒	☐	☐	The inspector reviewed two files of detainees currently in administrative segregation status. Both files documented that reviews are being conducted.
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.	☒	☐	☐	
51. When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	☒	☐	☐	
52. A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	☒	☐	☐	
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 an could be placed in the general population.	☒	☐	☐	
54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.	☒	☐	☐	

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
55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. All review documents are placed in the detainee's detention file.	☒	☐	☐	

PART 2 – 15. SPECIAL MANAGEMENT UNITS

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The facility has seven cells in the SMU. The unit was clean and operating within the parameters of standard requirements.

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

(b)(6), (b)(7)c / 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	☒	☐	☐	
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	☒	☐	☐	A review of housing logbooks confirmed compliance.
3. Scheduled visits are posted in ICE/DRO detainee housing areas.	☒	☐	☐	Visiting schedules for ICE staff are posted in all housing areas.
4. Visiting ICE staff observes and note current climate and conditions of confinement.	☒	☐	☐	
5. ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	☒	☐	☐	Visual inspection in housing areas confirmed request forms were available.
6. The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	☒	☐	☐	
7. A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	☒	☐	☐	Visual inspection in housing areas confirmed compliance.
Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	☐	☒	☐	Current procedures require a contract security officer, not an ICE employee; to retrieve the contents of the secure boxes containing Detainee Requests Forms.
9. ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log.	☒	☐	☐	
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	☒	☐	☐	A review of detainee files confirmed compliance.
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	☒	☐	☐	Visual inspection in housing areas confirmed compliance.
12. Daily telephone serviceability checks are documented in the housing unit logbook.	☒	☐	☐	A review of housing logbooks confirmed compliance.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

ICE personnel and contract security staff were interviewed as part of this review.

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

(b)(6), (b)(7)c / 02-18-10

REVIEWER'S SIGNATURE / DATE

PART 2-17. TOOL CONTROL

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

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.	☒	☐	☐	The facility utilizes a compliance team under the direction of the COD to establish and review the tool control procedures and inspection system. The COD is responsible for accountability.
2. If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	☒	☐	☐	
3. **(MANDATORY)** The use of tools, keys, medical equipment, and culinary equipment is controlled.	☒	☐	☐	A check of various areas of the facility, to include medical, which contain tool rooms revealed all areas were in compliance.
4. A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	☒	☐	☐	
5. Tool inventories are required for: • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory	☒	☐	☐	Inventories were checked in all areas with no issues noted.
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	☒	☐	☐	
7. The facility has a policy for the regular inventory of all tools. • The policy sets minimum time lines for physical inventory and all necessary documentation. • ICE facilities use AMIS bar code labels when required.	☒	☐	☐	Facility Policy 3.1.15, Tool and Hazardous Materials Control, addresses this component.
8. The facility has a tool classification system. Tools are classified according to: • Restricted (dangerous/hazardous) • Non Restricted (non-hazardous).	☒	☐	☐	
9. Department heads are responsible for implementing proper tool control procedures as described in the standard.	☒	☐	☐	

PART 2-17. TOOL CONTROL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	☒	☐	☐	
11. The facility has an approved tool storage system. • The system ensures that all stored tools are accountable. • Tools are stored on shadow boards in which the shadows resemble the tool. • Shadow boards have a white background. • Restricted tools are shadowed in red. • Non-restricted tools are shadowed in black. • Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.	☒	☐	☐	The inspector observed the tool rooms in various areas of the facility and noted tools are property stored and accounted for.
12. Tools removed from service have their shadows removed from shadow boards.	☒	☐	☐	
13. Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	☒	☐	☐	
14. Sterile packs are stored under lock and key.	☒	☐	☐	
15. Each facility has procedures for the issuance of tools to staff and detainees.	☒	☐	☐	
16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: • Verbal and written notification. • Procedures for detainee access. • Necessary documentation/review for all incidents of lost tools.	☒	☐	☐	
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	☒	☐	☐	
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.	☒	☐	☐	Tool inventories are completed in duplicate and copies are maintained in the sallyport of the facility, as well as by the maintenance worker. All completed copies are filed and maintained in the tool room.
19. Hoses longer than three feet in length are classified as a restricted tool.	☒	☐	☐	
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	☐	☐	☒	There are no scissors used for in-processing detainees.

PART 2-17. TOOL CONTROL

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

Tools are accounted for and master inventories were in place at each tool room. A master inventory is maintained by the Chief of Detention.

Anthony Suggs / 02-18-10
REVIEWER'S SIGNATURE / DATE

PART 2 – 18. USE OF FORCE AND RESTRAINTS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. **(MANDATORY)** The facility has a Use of Force Policy.	☒	☐	☐	Facility Policy 3.1.8, Use of Force (UOF) and Restraints, outlines procedures for the implementation of force.
2. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	☒	☐	☐	
3. When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	☒	☐	☐	
4. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	☒	☐	☐	
5. The facility subscribes to the prescribed Confrontation Avoidance Procedures. • Ranking detention official, health professional, and others confer before every calculated use of force.	☒	☐	☐	
6. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. • Under staff supervision.	☒	☐	☐	
7. Staff members are trained in the performance of the Use-of-Force Team Technique.	☒	☐	☐	Staff are trained in UOF during pre-service and ongoing annual in-service, training.
8. All use-of-force incidents are documented and reviewed.	☒	☐	☐	Reviewed post incident review reports.
9. All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	☒	☐	☐	
10. Staff: • Does not use force as punishment. • Attempts to gain the detainee's voluntary cooperation before resorting to force • Uses only as much force as necessary to control the detainee. • Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	☒	☐	☐	
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	☒	☐	☐	

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
12. **(MANDATORY)** Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	☒	☐	☐	UOF teams are trained to follow procedures which prevent injury and possible exposure to communicable disease(s) as outlined in the standard.
13. Standard procedures associated with using four/five point restraints include: • Soft (nylon/leather) restraints. • Dressing the detainee appropriately for the temperature. • A bed, mattress, and blanket/sheet. • Checking the detainee at least every 15 minutes. • Logging each check. • Repositioning detainee often enough to prevent soreness or stiffness. • Medical evaluation of the restrained detainee twice per eight-hour shift. • When qualified medical staff are not immediately available, staff position the detainee "face-up."	☒	☐	☐	Procedures are in place. There have been no incidents involving four/five point restraints within the past year.
14. The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	☒	☐	☐	Policy requires supervisory checks. There have been no incidents within the past year.
15. All detainee checks are logged.	☒	☐	☐	
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	☒	☐	☐	
17. When the Facility Administrator authorizes use of non-lethal weapons: • Medical staff is consulted before staff use (b)(7)(e) (b)(7)(e) • Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.	☒	☐	☐	
18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.	☒	☐	☐	
19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.	☐	☐	☒	No intermediate force weapons are maintained in the SMU.
20. Special precautions are taken when restraining pregnant detainees. • Medical personnel are consulted	☐	☐	☒	The facility has no female detainees.
21. Protective gear is worn when restraining detainees with open cuts or wounds.	☒	☐	☐	
22. Staff documents every use of force, including what type of restraints was used during the incident.	☒	☐	☐	

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
23. It is standard practice to review any use of force and the non-routine application of restraints.	☒	☐	☐	
24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. • Specialized training is given to officers ensuring they are certified in all devices approved for use.	☒	☐	☐	Staff receive self-defense and confrontation avoidance techniques during in-service training and annually thereafter.
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.	☒	☐	☐	
26. The use of canines is restricted to contraband detection purposes only.	☒	☐	☐	
27. The officers are thoroughly trained in the use of soft and hard restraints.	☒	☐	☐	
28. In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	☒	☐	☐	

PART 2 – 18. USE OF FORCE AND RESTRAINTS

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

All staff receive UOF training during pre-service training and annually thereafter. All UOF incidents are documented and undergo a documented post-incident review.

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

Y **REVIEWER'S SIGNATURE / DATE**

SECTION III
ORDER STANDARDS

PART 3 – 19. DISCIPLINARY SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility has a written disciplinary system using progressive levels of reviews and appeals.	☒	☐	☐	Facility Policy 3.3.1, Detainee Discipline, addresses the disciplinary system.
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 • deviations from normal food service • clothing deprivation • bedding deprivation • denial of personal hygiene items • loss of correspondence privileges • deprivation of legal access and legal materials • deprivation of physical exercise	☒	☐	☐	
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 and sanctions are listed in the detainee handbook, as well as posted in the housing areas.
5. The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility: • Rights and Responsibilities • Prohibited Acts • Disciplinary Severity Scale • Sanctions	☒	☐	☐	
6. When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	☒	☐	☐	
7. Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	☒	☐	☐	
8. Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	☒	☐	☐	
9. An intermediate disciplinary process is used to adjudicate minor infractions.	☒	☐	☐	

PART 3 – 19. DISCIPLINARY SYSTEM				
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.				
Components	**Meets Standard**	**Does Not Meet Standard**	**N/A**	**Remarks**
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: • Conducts hearings on all charges and allegations referred by the UDC • Considers written reports, statements, physical evidence, and oral testimony • Hears pleadings by detainee and staff representative • Bases its findings on the preponderance of evidence • Imposes only authorized sanctions	☒	☐	☐	
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	☒	☐	☐	
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	☒	☐	☐	
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	☒	☐	☐	
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	☒	☐	☐	
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	☒	☐	☐	
PART 3 – 19. DISCIPLINARY SYSTEM				
☒ **Meets Standard**	☐ **Does Not Meet Standard**	☐ **N/A**	☐ **Repeat Finding**	

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

The facility has policies in place to resolve rule infractions in accordance with the NDS.

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

REVIEWER'S SIGNATURE / DATE

SECTION IV
CARE STANDARDS

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.	☒	☐	☐	Food Service is contracted with ATSI.
2. The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	☒	☐	☐	
3. The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	☒	☐	☐	
4. **(MANDATORY)** Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	☒	☐	☐	Kitchen knives were controlled and secured appropriately via the use of a locked box. A shadow board which uses a Picture ID System and a logbook are utilized for accountability.
5. All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	☒	☐	☐	
6. Special procedures (when necessary) govern the handling of food items that pose a security threat.	☒	☐	☐	Sugar is the only item used which poses a security threat and it is secured.
7. Operating procedures include daily searches (shakedowns) of detainee work areas.	☒	☐	☐	
8. The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff is trained in count procedures.	☒	☐	☐	
9. **(MANDATORY)** There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	☒	☐	☐	The facility has a daily grooming and cleanliness inspection form, several of which were reviewed by this inspector. All detainees are inspected by either the Cook Supervisor or FSA.
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	☒	☐	☐	
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	☒	☐	☐	
12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: • Safe work practices and methods. • Safety features of individual products/ pieces of equipment. • Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.	☒	☐	☐	

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
13. The Cook Foreman documents all training in individual detainee detention files.	☒	☐	☐	
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.	☒	☐	☐	All three daily meals served are hot.
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	☒	☐	☐	
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	☒	☐	☐	
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.	☒	☐	☐	A copy of the Registered Dietician's (RDs) menu and credentials were reviewed. This inspector reviewed several menu cycles and verified they were signed by the dietician.
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	☒	☐	☐	
20. The Cook Foreman has the authority to change menu items if necessary. • If yes, documenting each substitution, along with its justification, with copy to the FSA	☒	☐	☐	
21. All staff and volunteers know and adhere to written "food preparation" procedures.	☒	☐	☐	

22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.
• Changes to the planned Common Fare menu can be made at the facility level.
• Hot entrees are offered three times a week.
• The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).
• Staff routinely provides hot water for instant beverages and foods.
  o Common Fare meals are served with:
  o Disposable plates and utensils.
  o Reusable plates and utensils.
• Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.
	☒	☐	☐	

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
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	☒	☐	☐	
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	☒	☐	☐	
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	☒	☐	☐	
26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. • Muslims fasting during Ramadan receive their meals after sundown. • Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for-Passover meals as those who do participate. • Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.	☒	☐	☐	
27. The food service program addresses medical diets.	☒	☐	☐	
28. Satellite-feeding programs follow guidelines for proper sanitation.	☒	☐	☐	
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	☒	☐	☐	Testing of the lunch meal temperatures were as follows: fish at 178°; broccoli at 146°; and tater tots at 140°.
30. All meals provided in nutritionally adequate portions.	☒	☐	☐	
31. Food is not used to punish or reward detainees based upon behavior.	☒	☐	☐	
32. The food service staff instruct detainee volunteers on: • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food, and; • The sanitary operation, care, and maintenance of equipment.	☒	☐	☐	
33. Everyone working in the food service department complies with food safety and sanitation requirements.	☒	☐	☐	
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.	☒	☐	☐	Several weekly inspections were reviewed by this inspector. This inspector observed the presence of administrative, medical, and dietary staff in the food service department.
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	☒	☐	☐	

MARCH 2015 ICE2012FOIA03030.0002782

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
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.	☒	☐	☐	Several documents were reviewed to verify compliance.
37. **(MANDATORY)** Staff documents the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	☒	☐	☐	Several documents were reviewed to verify compliance
38. The cleaning schedule for each food service area is conspicuously posted.	☒	☐	☐	
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	☒	☐	☐	
40. Storage areas are locked when not in use.	☒	☐	☐	
41. Food service personnel conduct shakedowns along with detention staff.	☒	☐	☐	
42. In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	☒	☐	☐	
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	☒	☐	☐	A copy of the RDs menu and credentials were reviewed.
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	☒	☐	☐	
45. When required, only food service staff prepare the sack lunches for 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.	☒	☐	☐	
47. Staff complies with the ICE requirements for "food receipt and storage.	☒	☐	☐	
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	☒	☐	☐	
49. Staff complies with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	☒	☐	☐	
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	☒	☐	☐	
51. **(MANDATORY)** An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.	☒	☐	☐	The facility received an annual inspection on 12-14-09, by an Occupational Safety and Health Administration (OSHA) inspector.
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	☒	☐	☐	

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
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.	☒	☐	☐	
54. **(MANDATORY)** The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	☒	☐	☐	Pest Control is conducted by an on-site pest control specialist.

FOOD SERVICE

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The food service operation is contracted with ATSI. The department was very well organized and efficiently operated. All areas where food was prepared and served were neat and clean.

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

DATE

PART 4 – 21. HUNGER STRIKES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. 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.	☒	☐	☐	Per discussions with the Assistant Health Services Administrator (AHSA), medical staff are notified after the first refused meal.
2. Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	☒	☐	☐	The AHSA confirmed hunger strike events are immediately reported, as required by two policies: 4.5.15, Hunger Strikes; and Emergency Plan 4, the Hunger Strike Plan.
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	☒	☐	☐	Several written policies establish the procedures for responding immediately to hunger strikes: 4.5.15; Emergency Plan 4; and DIHS Policy 8.14, Hunger Strike.
4. Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	☒	☐	☐	Policies 4.5.15 and 8.14, and Emergency Plan 4, require isolation of hunger strikers. Per facility health care staff, detainees refusing up to 8 meals are isolated in a room outside of the medical unit; there they are monitored by security staff and seen at least daily by medical staff. Once a hunger striker refuses 9 or more meals (or sooner if his medical condition warrants), the detainee is moved to a mental health observation cell within the medical unit.
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	☒	☐	☐	Medical authorization for placement is established in Policies 4.5.14 and 8.14 and was confirmed per discussions with the AHSA and facility psychiatrist.
6. Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	☒	☐	☐	As required by Policy 8.14.1, entitled Hunger Strike, and as confirmed per a review of documentation in detainee medical records, medical staff record the weight and vital signs of a hunger striker at least once every 24 hours.

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**
7. The facility medical authority obtains a hunger striker's consent before medical treatment.	☒	☐	☐	Per facility medical staff, and as confirmed per a review of detainee medical records, a DIHS-793, Medical Consent Form, is signed by detainees during the medical intake process to grant general consent for medical treatment. Facility Policy 4.5.10, Informed Consent, requires a procedure-specific consent if the hunger striker needs any medical procedure presenting a potential risk to the detainee.
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	☒	☐	☐	In accordance with Policy 4.5.10, and per discussions with the AHSA, any detainee refusing medical treatment is required to sign a Refusal of Treatment form. Use of these forms was confirmed per a review of detainee medical records.
9. 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.	☒	☐	☐	Policy 4.5.15 requires the delivery of three meals per day. Per the AHSA, delivered meals are left with the detainee for at least 30 minutes, even if he initially refuses the meal. Meal acceptance or refusal is documented by staff as confirmed per a review of detainee medical records.
10. Staff maintains the hunger striker's supply of drinking water/other beverages.	☐	☒	☐	Hunger strikers maintain independent access to drinking water via the wash basin. The detention officer directly observing the hunger striker documents any water consumed.
11. During a hunger strike, staff removes all food items from the hunger striker's living area.	☒	☐	☐	Per discussions with medical and other facility staff, once isolated, the hunger striker has access only to food provided by staff.
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.	☒	☐	☐	In accordance with Policy 4.5.15, and as confirmed per a review of detainee medical records, the Form I-839 is used to record a hunger striker's fluid intake and food consumption.
13. The medical staff has written procedures for treating hunger strikers.	☒	☐	☐	Policy 8.14.1 establishes procedures for the treatment of hunger strikers.

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**
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.	☒	☐	☐	Per discussions with health care staff, and as confirmed per a review of detainee medical records, treatment attempts are documented in the detainee's 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.	☒	☐	☐	Per the training officer, and a documentation review, all staff are trained regarding hunger strikes during orientation and annual in-service training. As confirmed per a review of medical staff's records maintained by the AHSA, they receive training on hunger strike evaluation and treatment.
PART 4 – 21. HUNGER STRIKES				
☒ **Meets Standard**	☐ **Does Not Meet Standard**	☐ **N/A**	☐ **Repeat Finding**	

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

Three detainees were on hunger strike status the first day of the inspection which allowed for direct observation of the facility's hunger strike procedures. Security officers maintaining observation of the hunger strikers were carrying out their duties in accordance with established policy. Per a review of documentation maintained by health care staff, many of the detainee hunger strikers at this facility remain on this status for no more than a few days. Documentation also confirmed medical and mental health staff involvement in the management of hunger strikers. All hunger strikers are placed on constant observation allowing for consistent monitoring of any water accessed from the sink in the isolation room.

Kay Northrup / 02-18-10
REVIEWER'S SIGNATURE / DATE

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.	☒	☐	☐	The medical facility is accredited by ACA, NCCHC, and JCAHO. An active Drug Enforcement Administration (DEA) license was posted in the pharmacy. Per discussions with the lab technician, the facility has applied for renewal of its posted Clinical Laboratory Improvement Act (CLIA) waiver for on-site testing. Health care staff licenses/ certifications are on file.
2. The facility's in-processing procedures of arriving detainees include medical screening.	☒	☐	☐	Per discussions with the AHSA, and as confirmed per a review of detainee medical records, the initial medical screening is completed by medical staff at the Harlingen Staging Facility. Upon arrival at this facility, nursing staff review the information obtained during the pre-admission screening and complete a follow-up screening.

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**
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) staff. Per written documentation provided by the AHSA, the health authority has reviewed the staffing plan at least once within the past year.
4. **(MANDATORY)** Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	☒	☐	☐	Per discussions with health care staff, and as confirmed per a review of detainee medical records, information on accessing health services is presented during the medical intake screening process. Per the AHSA, a phone-based interpretive service is available if needed to ensure a clear understanding of the information presented. Each detainee is also issued a Medical Orientation and Health Information brochure (available in English, Spanish, and several other languages) with written instructions for accessing health care.

PART 4 – 22. MEDICAL CARE				
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.				
Components	**Meets Standard**	**Does Not Meet Standard**	**N/A**	**Remarks**
5. Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	☒	☐	☐	Nursing staff are on duty 24/7 and are certified in cardio pulmonary resuscitation (CPR) and the automated external defibrillator (AED). Advanced level medical, mental health and dental providers are on-call for emergencies when not on-site. All detention staff are trained in first aid and are CPR-certified. Outside emergency medical services (EMS) are available as needed, and a review of medical documentation confirmed the availability and use of EMS services.
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.	☒	☐	☐	Direct care staff receive initial and periodic TB testing and are offered the hepatitis B vaccine series, per DIHS Policy 4.14, Employee Health Care; a review of employee health records; and confirmed in discussions with health care and other facility staff.
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.	☒	☐	☐	As confirmed by a review of personnel files maintained by the AHSA, job descriptions and documentation of applicable licenses/certifications and credentials are on file for health care staff.
8. The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	☒	☐	☐	Instructions for accessing health care are included in Section III of the local supplement to the detainee handbook. English and Spanish versions of the handbook are available.
9. In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	☒	☐	☐	The facility maintains ACA, NCCHC and JCAHO accreditation. Credentialing of medical staff was confirmed through review of medical personnel records maintained by the AHSA.

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**
10. Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. • When screening is performed by a detention officer, the facility maintains documentation of the officer's special training.	☒	☐	☐	Per discussions with facility medical staff and a review of detainee medical records, medical screenings covering medical, dental, and mental health concerns are completed by nursing staff upon the detainee's arrival at the facility. Per the AHSA, screenings are usually completed within the first few hours and never more than 10 hours after a detainee's arrival.
11. **(MANDATORY)** If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	☒	☐	☐	Spanish-speaking staff are available to communicate with non-English speaking detainees. The AHSA stated a telephone interpretation service is used when necessary for detainees speaking other languages.
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	☒	☐	☐	The medical facility includes a well-equipped urgent care room and 6 appropriately equipped treatment/exam rooms. Four cubicles within a separate area of the medical facility afford privacy to detainees seen for nurse's sick call. Direct observations within the medical unit confirmed the provision of privacy during health care encounters.
13. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	☒	☐	☐	The controlled access medical unit is located within the secure perimeter of the facility.
14. The medical facility entrance includes a holding/waiting room.	☒	☐	☐	The medical facility includes two holding/waiting rooms.
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.	☒	☐	☐	As confirmed by direct observation, security officers maintain supervision of detainees in the holding rooms.
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	☒	☐	☐	A toilet and drinking fountain are available in each holding room.

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. Medical records are kept apart from other files. They are: • Secured in a locked area within the medical unit. • With physical access restricted to authorized medical staff. • Procedurally, no copies made and placed in detainee files.	☒	☐	☐	Detainee medical records developed/used at the facility are in electronic format, accessible only to health care staff. Per the AHSA, and as confirmed through direct observations, printed medical documentation is placed in a detainee-specific medical file after having been scanned for inclusion in the electronic record. These printed document files are secured in the designated medical record room within the medical facility.
18. **(MANDATORY)** A signed and dated consent form is obtained from a detainee before medical treatment is administered.	☒	☐	☐	According to facility medical staff and as confirmed through a review of detainee medical records, a DIHS-793 Medical Consent Form is signed by detainees during the medical intake process to grant general consent for medical treatment. In accordance with Policy 4.5.10, Informed Consent, an additional procedure-specific consent is required for any medical procedure presenting a potential risk to the detainee.
19. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	☒	☐	☐	A review of documentation maintained by medical records staff confirm frequent use of the DIHS-003 Form, Release of Confidential Medical Information, to authorize release of confidential medical records.
20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	☒	☐	☐	Per the AHSA, sufficient advance notice (6 to 36 hours) is provided to allow for preparation of medical transfer information and any needed 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**
21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	☒	☐	☐	DIHS Policy 14.11, Transfer of Health Records and the AHSA, state detainee medical records are transferred with any detainee transferred to another facility with DIHS medical services. A medical summary is prepared for a detainee transferred to any other facility.
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."	☒	☐	☐	During discussions with the AHSA and direct observations in the medical records office, transported medical records were noted as appropriately secured and labeled.
23. Medical screening includes a Tuberculosis (TB) test.	☒	☐	☐	Detainees receive a chest x-ray during their initial intake processing at the Harlingen Staging Facility, as confirmed through a review of detainee medical records. The results of the chest x-ray are reviewed during medical intake processing at this facility and become part of the detainee medical record. The AHSA, stated advance notification regarding any detainee with possible active TB is provided by Harlingen medical staff. Any such detainee transferred to this facility is placed in one of the 8 respiratory isolation negative pressure rooms in the medical infirmary.
24. All detainees receive a mental-health screening upon arrival. It is conducted: • By a health care provider or specially trained officer; • Before a detainee's assignment to a housing unit.	☒	☐	☐	Mental health screening is completed by nursing staff as part of the medical intake screening process initiated at the Harlingen Staging Facility. According to discussions with the AHSA, and as confirmed through a review of detainee medical records, upon arrival at this facility nursing staff review the information received and complete follow-up screening.

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
25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	☒	☐	☐	Per the AHSA, completed I-794 forms are reviewed by medical staff. Any detainee identified as needing medical attention is promptly referred for additional evaluation and treatment; this was confirmed by a review of detainee medical records.
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.	☒	☐	☐	Physicians, NPs, and PAs conduct health appraisals/ physical exams on detainees identified through intake screening as having medical concerns. Nursing staff credentialed to conduct health appraisals/physical exams complete these assessments on detainees with no previously identified medical concerns. A review of detainee medical records confirmed timely completion of these assessments.
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	☒	☐	☐	Detainees housed in the SMU have daily access to health services request slips and the ability to access immediate medical care. According to discussions with the AHSA, and as confirmed through a documentation review in the SMU, nursing staff makes rounds in the unit at least once each day.
28. Staff provides detainees with health- services (sick call) request slips daily, upon request. • Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. • Service-request slips are delivered in a timely fashion to the health care provider.	☒	☐	☐	Sick Call Request forms are available in all housing units and include instructions in English and Spanish. Requests placed in designated drop boxes in the housing units are picked up and triaged by nursing staff on a daily basis. The AHSA, reported detainees in the SMU submit the requests directly to medical staff during the daily medical staff rounds.

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
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.	☒	☐	☐	Medical staff are on duty 24/7. Facility Emergency Plan 16, entitled Medical Emergency Plan, establishes procedures for the delivery of emergency health care when outside medical attention is required. Further direction is addressed in: Medical Policy 7.3.1.1, Emergency Preparedness Plan; and 7.3.1.2, Emergency Triage System.
30. The plan includes an on-call provider.	☒	☐	☐	A mid-level provider (NP or PA), a physician, and a psychiatrist are on-call when not on-site.
31. The plan includes a list of telephone numbers for local ambulances and hospital services.	☒	☐	☐	A comprehensive electronic listing of emergency contact information for medical staff and outside health care providers is accessible to staff.
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	☒	☐	☐	The Medical Emergency Plan includes procedures consistent with security and safety.
33. **(MANDATORY)** Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	☒	☐	☐	Per the facility training officer, and verified through a records review, detention staff receive annual training in first aid and CPR. Per the AHSA and medical staff training records, medical staff are certified in CPR and use of the AED.
34. Where staff is used to distribute medication, a health care provider properly trains these officers.	☐	☐	☒	All medication is distributed by health care staff.
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	☒	☐	☐	Bulk pharmaceuticals are stored and inventoried within the on-site pharmacy under the direct supervision of a licensed pharmacist. Medications dispensed to nursing staff for administration to detainees are secured in cabinets in a locked Pill Room within the secure medical facility. Perpetual inventories are maintained on all controlled substances (DEA Schedule II-V).

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
36. (**MANDATORY**) Each facility has written policy and procedures for the management of pharmaceuticals that include: • A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. • A method for obtaining medicines not on the formulary. • Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. • Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. • Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.	☒	☐	☐	Established procedures to address pharmaceutical management are: Policy 4.5.6, Pharmaceuticals; and DIHS Policy 11, Pharmacy. The DIHS National Drug Formulary is used by the facility. The AHSA reported facility providers request approval for non-formulary medications when clinically indicated. Policy 7.3.4.2, Sharps Control Procedures, addresses the secure management of syringes/ needles.
37. All pharmaceuticals are stored in a secure area with the following features: • A secure perimeter; • Access limited to authorized medical staff (never detainees); • Solid walls from floor to ceiling and a solid ceiling; • A solid core entrance door with a high security lock (with no other access); and • A secure medication storage area.	☒	☐	☐	As confirmed by direct observation, bulk pharmaceuticals are stored within the secure on-site pharmacy. Access is limited to authorized medical staff. Medications dispensed for use during pill call are stored in cabinets within a secure medication room accessible to assigned nursing staff.
38. In SPCs and CDFs, the pharmacy has a locking pass-through window. • Administration and management in accordance with state and federal law. • Supervision by properly licensed personnel. • Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. • Accountability for administering or distributing medications in a timely manner and according to physician orders.	☒	☐	☐	The on-site pharmacy operates under the direct supervision of a licensed pharmacist with the assistance of trained pharmacy technicians, and maintains DEA licensure. Medications are administered by appropriately trained and credentialed health care staff under the supervision of the AHSA, and in accordance with physician/NP orders. Medications are administered in the housing units and not directly from either the pharmacy or the pill room. Therefore, neither the pharmacy nor the pill room have a locking pass-through window.

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
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.	☒	☐	☐	DIHS Policy 11 (Pharmaceuticals) and Policy 11.9.6.1.1 (Pill Line Medication Administration System) establish procedures for the distribution of medications. Medications administered by medical staff are documented on detainee-specific medication administration records (MARs) as confirmed by: medical staff interviews; direct observations during pill call in the housing units; and a review of medical documentation.
40. Medication may not be delivered or administered by detainees. • In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. • In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff is not on duty.	☒	☐	☐	All medications are delivered/ administered by medical staff.
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.	☐	☐	☒	All medications, including over-the-counter (OTC) medications, are distributed by medical staff.
42. The Warden/Facility receives notification that a detainee that has special medical needs.	☒	☐	☐	Per discussions with the AHSA and other medical staff, notification regarding detainee special medical needs is provided electronically and via utilization of a DIHS-819, Detainee Special Needs Form.
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	☒	☐	☐	DIHS Policy 2.7, Medical Requests by Outside Interest, establishes procedures for examinations by independent medical providers.

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
44. **(MANDATORY)** Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: • Coordination with public health authorities; • Ongoing education for staff and detainees; • Control, treatment, and prevention strategies; • Protection of individual confidentiality; • Media relations; • Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and • Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations.	☒	☐	☐	The DIHS Infection Control Manual establishes procedures for the management of infectious and communicable diseases. Per a written directive from the DIHS Medical Director, NCCHC Clinical Practice Guidelines have been adopted as DIHS Clinical Practice Guidelines for the management of HIV. Per order of the facility Clinical Director, management of hepatitis is handled according to guidelines provided by Up-To-Date, an on-line program for medical providers. DIHS Policy 3, Administrative Management, establishes procedures for all media relations.
45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	☒	☐	☐	The DIHS Infection Control Manual is used as reference for determining the need for isolation of detainees with communicable diseases. Per the AHSA, standard operating procedures include the isolation of detainees diagnosed with: TB; methicillin-resistant staphylococcus aureus (MRSA); and Chickenpox.
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.	☒	☐	☐	Per the AHSA and as confirmed per a review of detainee medical records, all detainees receive a chest x-ray during in-processing at the Harlingen Staging Facility prior to transfer to this facility. The results of the x-ray are transferred with the detainee and reviewed during the intake medical screening process.
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.	☒	☐	☐	Per the AHSA, detainees identified as potentially infectious are placed in one of the facility's 8 negative pressure rooms pending further medical evaluation.

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
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.	☒	☐	☐	Facility Policy 3.1.12, Escorted Trips, establishes procedures for the transportation of detainees to outside health care services in emergency and non-emergency situations. Outside emergency medical services are available as needed to provide ambulance transportation to an outside hospital. A Medical Transportation Request form is used to notify facility staff of scheduled outside medical appointments. As confirmed by medical staff, applicable medical information is transferred with the detainee when outside medical resources are utilized.
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.	☒	☐	☐	Per the AHSA, disease-specific NCCHC Guidelines for Disease Management in Correctional Settings, along with clinical guidelines provided through the on-line Up-To-Date resource for clinicians, form the basis of treatment plans for the chronically ill, as approved by the facility Clinical Director.
50. **(MANDATORY)** Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	☐	☐	☒	The facility houses only male detainees.
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	☒	☐	☐	In accordance with DIHS Policy 8.6, Care of Chronic Conditions, and per discussions with the AHSA, detainees with chronic conditions are scheduled for follow-up at 30-90 day intervals as clinically indicated. A component of the electronic medical record tracks these detainees to ensure timely follow-up care. A review of detainee medical records confirmed follow-up testing, evaluation, and treatment.

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
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.	☒	☐	☐	Per discussions with the AHSA, notification regarding detainee special needs is provided electronically and per utilization of a written special needs form.
53. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	☒	☐	☐	Dental care is provided on-site by, and under the direction of, a licensed dentist. Per discussions with the dentist, oral surgery is available off-site if a detainee's needs exceed available on-site services. Per the AHSA, the dentist is on-call to address dental emergencies.
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.	☒	☐	☐	Per discussions with the AHSA and mental health staff, referrals to mental health are received subsequent to needs identified during intake screening, pursuant to staff observation of detainee behavior or per request by detainees. Facility staff are trained to identify mental health concerns and to refer any such concerns to the mental health staff. Documentation of mental health referral and follow-up were noted during a review of detainee medical records.
55. Crisis intervention services are available for detainees who experience acute mental health episodes.	☒	☐	☐	The staff psychiatrist is on-call when not on-site to respond to mental health crises. Documentation was available to confirm clinical follow-up. Mental health observation rooms within the medical unit are available for use as needed for crisis intervention.
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.	☒	☐	☐	Per direct observation within the medical unit, medical and mental health encounters are conducted in private. No females are housed in this facility.

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. **(MANDATORY)** Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	☒	☐	☐	Discussions with the psychiatrist and as confirmed by a review of medical records, detainees referred for mental health treatment are normally seen within 10 days. Those referred for urgent concerns are evaluated within 24 hours.
58. **(MANDATORY)** Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: • The conditions under which restraints may be applied; • The types of restraints to be used; • How a detainee in restraints is to be monitored; • The length of time restraints are to be applied; • Requirements for documentation, including efforts to use less restrictive alternatives; and • After-incident review. • The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form.	☒	☐	☐	Established procedures incorporating the required components for the use of therapeutic restraints are found in: Policy 4, 5, 7, Mental Health; Policy 3.1.8, UOF and Restraints; and DIHS Police 15.15, Seclusion and Therapeutic Restraints. The AHSA reported therapeutic restraints have not been used at this facility during the past year.
59. **(MANDATORY)** Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: • Specify the duration of therapy; • Obtain an order authorizing the administration of the drug from a Federal District Court. • Document that less restrictive intervention options have been exercised without success; • Detail how the medication is to be administered; • Monitor the detainee for adverse reactions and side effects; and • Prepare treatment plans for less restrictive alternatives as soon as possible.	☐	☐	☒	The AHSA and ICE staff advised the inspector that involuntary psychotropic medications are not administered at this facility.
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.	☒	☐	☐	An initial dental screening is included in the 14-day physical examination completed by medical staff. RN's have been trained to complete these screenings.

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**
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.	☒	☐	☐	Policy 3.37.1, First Aid Kits, establishes procedures for the contents, placement, inspection, and use of first aid kits. Placement in locations throughout the facility was confirmed through direct observation and discussions with facility staff.
62. An automatic external defibrillator should be available for use at the facility.	☒	☐	☐	The AHSA reported three AEDs are available for use within the facility, including one in the medical urgent care room and one in the infirmary.
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.	☒	☐	☐	In accordance with Policy 4.5.10, entitled Informed Consent, and confirmed via discussions with the AHSA, a signed refusal of treatment is required from any detainee refusing medical treatment. Appropriate ICE staff would be consulted if the health care provider determined continued refusal of treatment had the potential to create a life-threatening condition.
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.	☒	☐	☐	According to the AHSA, and as confirmed through a review of meeting minutes, the AFOD and AHSA meet with other facility staff on a weekly basis. A review of meeting minutes, confirmed the AHSA uses these meetings to provide updated information related to medical facility operations and detainee health care concerns.

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**
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.	☒	☐	☐	Procedures for the management of biohazard waste are established in: DIHS Policy 7.4, Infection Control; Policy 7.3.3.5.1, Elimination of Laboratory Waste; and Policy 7.3.3.5.1, Infectious Waste Management Procedures. Biohazard waste is disposed of through a contract with Enserv. Per observation and discussions with nursing and dental staff, an autoclave in the dental clinic is used to sterilize non-disposable dental and medical tools. Spore test monitoring logs confirmed the consistent effectiveness of the autoclave sterilization process.
66. **(MANDATORY)** The health authority will implement a system of internal review and quality assurance.	☒	☐	☐	Discussion with the AHSA and a review of the Performance Improvement Plan documents, confirm that a system of internal review and quality assurance has been implemented in accordance with DIHS Policy 5, Performance Improvement Plan.

PART 4 – 22. MEDICAL CARE

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

Facility health care services are provided by a combination of PHS staff and Science and Technology Group (STG) contract staff supervised by PHS administrative staff. According to facility administration, the PHS HSA recently retired. In the interim, one of the two ASHAs is covering the HSA job duties. Per discussions with the AHSA, facility PHS staff are involved in ongoing discussions with DIHS relative to a potential revision in the approved staffing plan. The current plan includes (b)(7)(e) authorized positions (b)(7)(e) of which were filled at the time of the inspection, with staff shortages covered by overtime hours to ensure continued provision of needed medical services.

One detainee death occurred during the past 12 months. Summary information provided by the AHSA, indicated the detainee was diagnosed with metastatic cancer shortly after admission to the facility. He was transferred to an outside medical facility and started on chemotherapy. Following several months of treatment and palliative care his condition continued to deteriorate and he died in May

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

REVIEWER'S SIGNATURE / DATE

PART 4 – 23. PERSONAL HYGIENE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	☒	☐	☐	Established procedures for the issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items are addressed in: Policy 4.1.1, Detainee Admission Procedures; Policy 4.4.4, Detainee Clothing, Bedding and Linen supplies; and 4.4.1, Detainee Hygiene. A SIEA reported the supply of these items far exceeds the minimum required. In addition to items stored in the laundry and property rooms, items are also stored in the warehouse.
2. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: • One uniform shirt and one pair of uniform pants or one jumpsuit. • One pair of socks. • One pair of underwear (daily change). • One pair of facility-issued footwear.	☒	☐	☐	In accordance with Policy 4.1.1, and as confirmed by a review of detainee Property and Clothing Inventory documentation, new detainees are issued: 2 uniform shirt and pants sets; 3 pairs of socks; 3 briefs; 3 t-shirts; 1 pair of sneakers; and 1 pair of shower shoes.
3. Additional clothing is available for changing weather conditions and as is seasonally appropriate.	☒	☐	☐	Per officers working in the intake area, a sweatshirt is also issued.
4. New detainees are issued clean bedding, linens and towels, at a minimum: • One mattress • One blanket • Two sheets • One pillow • One pillowcase • One towel • Additional blankets, based on local weather conditions.	☒	☐	☐	In accordance with Policy 4.1.1, and confirmed through a review of detainee Property and Clothing Inventory documents, new detainees are issued: 1towel; 2 sheets; and 1 blanket. Mattresses with built-in pillows are kept on the beds and are sanitized between uses.

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
5. The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	☒	☐	☐	Policy 4.1.1, requires that each new detainee will be issued a comb, toothbrush, toothpaste, and deodorant. In accordance with Policy 4.4.1, and verified by facility staff, replacements are issued by housing unit officers on an exchange basis. Soap/shampoo is available through dispensers in the housing units. The facility houses only male detainees.
6. Toilet facilities are: • Clean • Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.	☒	☐	☐	Observations in the housing units revealed toilet facilities are clean and accessible without staff assistance. Six toilets and 2 urinals are available for use in each 54-bed housing unit, yielding a ratio of 1:7.
Bathing facilities are: • Clean • Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.	☒	☐	☐	Observations revealed the housing units and bathing facilities were clean. Each 54-bed housing unit has 7 showers, yielding a ratio of 1:8. Each unit includes 6 sinks for a ratio of 1:9. A review of monthly water temperature checks showed temperatures to be consistently within the required range.
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	☒	☐	☐	According to discussions with medical and administrative staff, detainees with disabilities are housed in the medical unit where staff assistance is available if needed.
9. Detainees are provided clean clothing, linen and towels. • Socks and undergarments - daily. • Outer garments - twice weekly. • Sheets - weekly. • Towels - weekly. • Pillowcases - weekly.	☒	☐	☐	There is a posted Linen and Uniform Exchange Schedule which shows outer garments for detainees in each unit are laundered twice weekly; and towels/linens are laundered weekly. Washers and dryers are available in the housing units for the laundering of socks and undergarments.

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**
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.	☒	☐	☐	In accordance with Policy 4.4.4 and as confirmed by facility staff, white outer garments issued to detainees working in food service are exchanged daily.
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	☒	☐	☐	In accordance with Policy 4.4.4, protective clothing issued to detainee workers is exchanged as often as necessary for the assigned work.
PART 4 – 23. PERSONAL HYGIENE				
☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**				

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

Through observations and discussions with facility staff, the personal hygiene-related issues, the physical plant and facility resources are sufficient to meet the needs of the detainee population.

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

10

REVIEWER'S SIGNATURE / DATE

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION				
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.				
Components	**Meets Standard**	**Does Not Meet Standard**	**N/A**	**Remarks**
1. The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	☒	☐	☐	Facility Emergency Plan 19, Suicide Prevention and Intervention Plan, establishes a facility suicide prevention and intervention program. The plan is signed by the AFOD and health authority and has been reviewed annually.
2. At a minimum, the Program shall include procedures to address: • Intake screening and referral requirements; • The identification and supervision of suicide-prone detainees; • Staff training requirements; • The management and reporting of suicidal incidents, suicide watches, and deaths; • Provision of safe housing for suicidal detainees; • Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; • Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director; • Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior.	☒	☐	☐	The required components are addressed in Emergency Plan 19, and supplemented by Policy 4.5.7 (entitled Mental Health) and DIHS Policy 15.4 (also entitled Mental Health).
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	☒	☐	☐	The facility training officer reported and a record review confirmed, staff are trained in suicide prevention during orientation and annual in-service 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
4. Training prepares staff to: • Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, • Demographic, cultural, and precipitating factors of suicidal behavior, • Responding to suicidal and depressed detainees, • Effective communication between correctional and health care personnel, • Necessary referral procedures, • Housing observation and suicide-watch level procedures, • Follow-up monitoring of detainees who have already attempted suicide, and • Reporting and written documentation procedures.	☒	☐	☐	Policy 4.5.7 requires inclusion of the listed components in the staff training program, and the psychiatrist confirmed they are included in the PowerPoint presentation used for that purpose.
5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. • Screening does not occur later than one working day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.	☒	☐	☐	As confirmed during a review of detainee medical records, screening for suicide potential is included in the intake medical screening completed by health care staff.
6. Written procedures contain when and how to refer at-risk detainees to medical staff and procedures are followed.	☒	☐	☐	Policy 4.5.7 establishes procedures for the referral of at-risk detainees. A review of detainee medical records confirmed timely referrals.
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.	☒	☐	☐	Policy 4.5.7 establishes procedures for the return of previously suicidal detainees to general population. Discussions with the AHSA and the psychiatrist, as and confirmed by a review of medical documentation, release from suicide watch is authorized by either the psychiatrist or Clinical Director.
8. The facility has a designated isolation room for evaluation and treatment.	☒	☐	☐	Mental health observation room #6 in the medical unit are designated for use by detainees identified as being at-risk for suicide.
9. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	☒	☐	☐	The designated room contains no structures which could be used in a suicide attempt. Surfaces in the designated room have been coated with a rubberized padding. Any detainee placed in this room receives only a suicide-resistant garment.

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**
10. Medical staff has approved the room for this purpose.	☒	☐	☐	The staff psychiatrist confirmed her approval of the designated room.
11. Staff observes and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation.	☒	☐	☐	A review of Suicide Observation Checklists in detainee medical records confirmed documentation of the detainee's status 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.	☒	☐	☐	Per security and health care staff, detainees on suicide watch are maintained on constant observation with documentation every 15 minutes on the DIHS-835, Suicide Observation Checklist form. Medical staff monitor and document the status of the detainee every 2 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	☐	☐	☒	The facility has 24 hour on-site medical coverage.
[illegible]. 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.	☒	☐	☐	The AHSA reported a mortality review and critical incident debriefing would be conducted in the event of a completed suicide or serious suicide attempt.
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION				
☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**				

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

According to facility staff and the AHSA, there were no suicides or serious suicide attempts during the past year. Mental health staff maintain a log of all detainee suicide watches and the *follow-up provided.*

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

/ **DATE**

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

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	☒	☐	☐	The AHSA reported a chronically- or terminally-ill detainee is transferred to a community medical facility if and when his needs cannot be met within the facility. Medical documentation confirmed the transfer of a terminally-ill detainee to a community hospital.
2. The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's medical condition. • The detainee's location. • The visiting hours and rules at that location.	☒	☐	☐	The SDDO advised notification is given to the applicable consulate. The consulate provides family notification.
3. There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. • These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.	☒	☐	☐	The required guidelines are addressed in: Policy 4.5.11, Detainee Illness or Death; and DIHS Policy 2.6, Advanced Directives.
4. There is a policy addressing "Do Not Resuscitate Orders"	☒	☐	☐	Policy 4.5.11, as well as DIHS Policy 2.6, address Do Not Resuscitate (DNR) orders.
5. Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	☒	☐	☐	DIHS Policy 2.6 requires the provision of maximum therapeutic efforts short of resuscitation.
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.	☒	☐	☐	Policy 4.5.11 establishes procedures for the required notifications. The AHSA advised notification is made via electronic communication.
7. The facility has written procedures to address the issues of organ donation by detainees.	☒	☐	☐	Policy 4.5.11, as well as DIHS Policy 2.6.4 (entitled Organ Donation), establish the required procedures.
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	☒	☐	☐	Policy 4.5.11 establishes procedures for the required notifications. Per the SDDO, notification is provided to the applicable consulate. The consulate notifies family members.
9. The facility has a policy and procedure to address the death of a detainee while in transport.	☒	☐	☐	Policy 4.5.11 establishes procedures for responding to the death of a detainee while in transport.

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

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	☒	☐	☐	The SDDO reports ICE ensures appropriate disposal of the detainee's remains.
11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. • If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.	☒	☐	☐	Per the SDDO, burial of unclaimed remains would be handled by the county in this location. The Department of Veterans Affairs will be contacted if a deceased detainee is a veteran.
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	☒	☐	☐	According to the SDDO, the death certificate would be placed in the detainee's A-File.
13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; • Performance of an autopsy. • Person(s) to perform the autopsy. • Obtaining State approved death certificates. • Local transportation of the body.	☒	☐	☐	Policy 4.5.11, as well as Policy 3.10.2.1 (entitled Procedures Following Death of a Patient), establish procedures for contacting the local coroner.
14. ICE staff follows established procedures to properly close the case of a deceased detainee.	☒	☐	☐	In accordance with Policy 4.5.11, and confirmed by the SDDO, the case of a deceased detainee would be properly closed.

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

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

One detainee death occurred during the past 12 months. The detainee was diagnosed with a terminal illness shortly after admission to the facility and was transferred to an appropriate off-site medical facility. Per discussions with facility ICE and medical staff, established procedures were followed subsequent to the death of this detainee.

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

REVIEWER'S SIGNATURE / DATE

SECTION V
ACTIVITIES STANDARDS

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.	☒	☐	☐	The facility has clear and specific written policy and procedures concerning all correspondence. The rules for mail are included in the detainee handbook.
2. The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	☒	☐	☐	
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	☒	☐	☐	
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	☒	☐	☐	The facility has an excellent system of maintaining documentation to confirm compliance of this requirement.
5. Staff maintains a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	☒	☐	☐	The review of a logbook confirmed compliance.
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.	☒	☐	☐	
8. Staff does not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	☒	☐	☐	The facility has written policies and procedures that are clear and specific on this issue.
9. Staff is prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	☒	☐	☐	
10. Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	☒	☐	☐	
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	☒	☐	☐	
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	☒	☐	☐	
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	☒	☐	☐	
14. Staff maintains a written record of every item removed from detainee mail.	☒	☐	☐	The review of a logbook confirmed compliance.
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	☒	☐	☐	The review of a logbook confirmed compliance.

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
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.	☒	☐	☐	Documentation was provided to confirm compliance.
18. Staff provides the detainee a copy of his or her identity document(s) upon request.	☒	☐	☐	
19. Staff disposes of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	☒	☐	☐	
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.	☒	☐	☐	Free mail is provided to all detainees at this facility.
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.	☒	☐	☐	Free mail is provided to all detainees at this facility.
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	☒	☐	☐	
23. SMU detainees have the same correspondence privileges as general population.	☒	☐	☐	
24. Detainees have access to outside publications.	☒	☐	☐	Detainees can subscribe to approved outside publications.

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

Contract security personnel, with ICE staff supervision, adhere to all required mail procedures (b)(7)(e) contract security officers assigned to the mailroom deliver, open, and inspect every piece of mail in the presence of the detainee.

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

-10

REVIEWER'S SIGNATURE / DATE

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
1. The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral • Deathbed	☒	☐	☐	There have been no requests within the past year.
2. The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse).	☒	☐	☐	This is addressed in Policy 3.1.12-1, Non-Medical Escort Trips.
3. The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	☐	☐	☒	The facility is an ICE-operated SPC.
4. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.	☒	☐	☐	
5. Detainees who require overnight housing are placed in approved IGSA facilities.	☒	☐	☐	
6. Each escort detail includes at least (b)(7)(e) officers.	☒	☐	☐	
7. The detainee remains under constant, direct visual supervision of escorting staff.	☒	☐	☐	
8. Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	☒	☐	☐	
9. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	☒	☐	☐	
10. Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	☒	☐	☐	
11. Escort officers ensure that detainees: • Conduct themselves in a manner that does not bring discredit to ICE/DRO. • Do not violate federal, state, or local laws. • Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. • Do not arrange to visit family or friends unless approved before the trip. • Make no unauthorized phone calls. • Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.	☒	☐	☐	
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.	☒	☐	☐	

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**
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	☒	☐	☐	
14. The Field Office Director is the approving official for all non-medical escorted trips.	☒	☐	☐	
15. Facility procedures comply with the following ICE Standards: • Transportation (Land Transportation • Restraints applied strictly in accordance with the Use of Force Standard.	☒	☐	☐	
PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES				
☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**				

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

ing of escorted trips for non-medical emergencies. There have been no requests for the past year.

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

E

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
1. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	☒	☐	☐	
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	☒	☐	☐	
3. It is standard practice to require a written request for permission to marry.	☒	☐	☐	
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	☒	☐	☐	This inspector reviewed an actual detainee marriage request. All of the appropriate documents were in order.
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	☒	☐	☐	
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.	☒	☐	☐	
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	☒	☐	☐	
8. The detainee handbook explains the marriage request process.	☒	☐	☐	
9. In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	☒	☐	☐	

PART 5 – 28. MARRIAGE REQUESTS

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The facility has good procedures established for marriage requests. All requests are made in writing and they are reviewed thoroughly. The detainee is notified of a decision in a very timely manner.

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

9 REVIEWER'S SIGNATURE / DATE

PART 5 - 29. RECREATION

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

☐ **If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".**

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The Facility provides: • An indoor recreation program. • An outdoor recreation program.	☒	☐	☐	The facility provides appropriate indoor and outdoor recreational activities for the detainees.
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	☒	☐	☐	
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.	☒	☐	☐	
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	☒	☐	☐	
7. Outside activities are restricted to limited-contact sports.	☒	☐	☐	
8. Each detainee has the opportunity to participate in daily recreation.	☒	☐	☐	
9. Detainees have access to recreation activities outside the housing units for at least one hour daily.	☒	☐	☐	
10. Staff checks all items for damage and condition when equipment is returned.	☒	☐	☐	
11. Staff conducts searches of recreation areas before and after use.	☒	☐	☐	
12. Recreation areas are under constant staff supervision.	☒	☐	☐	
13. Supervising staff are equipped with radios.	☒	☐	☐	
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	☒	☐	☐	
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	☒	☐	☐	
16. Special programs or religious activities are available to detainees.	☒	☐	☐	
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	☒	☐	☐	
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	☒	☐	☐	
19. If yes, written procedures ensure timely review of all eligible detainees.	☒	☐	☐	

PART 5 - 29. RECREATION

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

☒ **If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".**

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
20. If the facility has no outside recreation, are detainees considered for transfer after six months?	☐	☐	☒	This facility provides outdoor recreation.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.	☐	☐	☒	This facility provides outdoor recreation.
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.	☐	☐	☒	This facility provides outdoor recreation.
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.	☐	☐	☒	This facility provides outdoor recreation.
24. Staff notifies the detainee's legal representative of his or her decision to accept/decline a transfer.	☐	☐	☒	This facility provides outdoor recreation.
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.	☐	☐	☒	This facility provides outdoor recreation.
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.	☐	☐	☒	This facility provides outdoor recreation.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.	☐	☐	☒	This facility provides outdoor recreation.

PART 5 - 29. RECREATION

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The facility offers numerous recreational activities for the detainee population, as well as 3 hours daily outside recreation which exceeds the standard requirement of 1 hour daily.

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

REVIEWER'S SIGNATURE / DATE

PART 5 – 30. RELIGIOUS PRACTICES

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

Components	Meets Standards	Does Not Meet Standards	N/A	Remarks
1. Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	☒	☐	☐	
2. Space is available for detainees to participate in religious services.	☒	☐	☐	
3. The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	☒	☐	☐	
4. The facility accommodates recognized holy-day observances by: • Providing special meals, consistent with dietary restrictions. • Honoring fasting requirements. • Facilitating religious services. • Allowing activity restrictions.	☒	☐	☐	Holy days are observed and religious meals are provided.
5. Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	☒	☐	☐	
6. Volunteer's credentials are checked and verified before allowing participation in detainee programs.	☒	☐	☐	
7. Members of faiths not represented by clergy may request to present their own services within security allowances.	☒	☐	☐	
8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	☒	☐	☐	

RELIGIOUS PRACTICES

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

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

The religious services area is very clean and well organized.

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

/ DATE

PART 5 – 31. TELEPHONE ACCESS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	☒	☐	☐	The detainee handbook and information posted in every housing unit ensures detainees are aware of the access they have to telephones.
2. Upon admittance, detainees are made aware of the facility's telephone access policy.	☒	☐	☐	The detainee handbook and the admissions orientation video provide this information.
3. Notification explaining the facilities telephone policy is in the Detainee Handbook.	☒	☐	☐	
4. Access rules, including updated telephone and consulate number, are posted in housing units.	☒	☐	☐	Visual inspection of the bulletin boards in the housing areas confirmed compliance.
5. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	☒	☐	☐	
6. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	☒	☐	☐	
7. Telephones are inspected daily by facility staff to ensure that they are in good working order.	☒	☐	☐	Security staff inspects telephones on a daily basis. This was confirmed by a review of housing logbooks.
8. Telephones are located a reasonable distance from televisions.	☒	☐	☐	
9. The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	☒	☐	☐	
10. The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	☒	☐	☐	A member of the compliance unit monitors all telephone issues.
11. Detainees are afforded a reasonable degree of privacy for legal phone calls.	☒	☐	☐	A detainee is required to submit a request for a legal phone call.
12. A procedure exists to assist a detainee who is having trouble placing a confidential call.	☒	☐	☐	A detainee is required to make this type of request to his Deportation Officer (DO).
13. The facility provides the detainees with the ability to make non-collect (special access) calls.	☒	☐	☐	
14. Special Access calls are at no charge to the detainees.	☒	☐	☐	
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.	☐	☐	☒	The facility provides the detainees "special access calls" with an automated programmed telephone system.
16. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	☒	☐	☐	
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another	☒	☐	☐	

MARCH 2015 ICE2012FOIA03030.0002821

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
Facility.				
18. All telephone restrictions are documented.	☒	☐	☐	In the past 12 months no detainee has been restricted from using the telephones.
19. The facility has a system for taking and delivering emergency detainee telephone messages.	☒	☐	☐	
20. Phone call messages are given to detainees as soon as possible.	☒	☐	☐	
21. Detainees are allowed to return emergency phone calls as soon as possible.	☒	☐	☐	
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	☒	☐	☐	Written policy and procedures are clear and specific on this issue.
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	☒	☐	☐	
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	☒	☐	☐	
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as that in general population.	☒	☐	☐	Written policy and procedures are clear and specific on this issue.
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	☒	☐	☐	
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	☒	☐	☐	Actual contact was made with the OIG using the programmed detainee phone system.
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	☒	☐	☐	A review of housing logbooks confirmed compliance.

PART 5 – 31. TELEPHONE ACCESS

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

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

-10

DATE

PART 5 – 32. VISITATION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. There is a written visitation procedure, schedule, and hours for general visitation.	☒	☐	☐	This information is posted in all housing areas, the lobby of the facility, and can also be found in 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.	☒	☐	☐	
3. The visitation schedule and rules are available to the public.	☒	☐	☐	The public may obtain this information by calling the facility, accessing the facility's web-site, or from the detainee.
4. The hours for all categories of visitation are posted in the visitation waiting area.	☒	☐	☐	
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.	☒	☐	☐	Upon request the facility can provide this information.
6. A general visitation log is maintained.	☒	☐	☐	A logbook was reviewed for confirmation.
7. Detainees are permitted to retain authorized personal property items specified in the standard.	☒	☐	☐	With prior approval detainees may retain authorized items.
8. A visitor dress code is available to the public.	☒	☐	☐	The dress code is made available to the public at the facility entrance.
9. Visitors are searched and identified according to standard requirements.	☒	☐	☐	
10. The requirement on visitation by minors is complied with.	☒	☐	☐	Minors are permitted to visit when accompanied by an authorized adult.
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.	☐	☐	☒	This facility allows minors to visit.
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.	☐	☐	☒	This facility allows minors to visit.
13. Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	☒	☐	☐	
14. Detainees in special housing are afforded visitation.	☒	☐	☐	
15. Legal visitation is available seven (7) days a week, including holidays.	☒	☐	☐	
16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	☒	☐	☐	
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	☒	☐	☐	

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**
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her *representative to* exchange documents.	☒	☐	☐	The facility has a minimum of 6 attorney meeting rooms.
19. There are written procedures governing detainee searches.	☒	☐	☐	
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	☒	☐	☐	The Detainee Search policy is clear and specific on this matter.
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	☒	☐	☐	
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	☒	☐	☐	
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	☒	☐	☐	
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	☒	☐	☐	
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	☒	☐	☐	
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	☒	☐	☐	The AFOD must approve such a request to visit a detainee at the facility.
PART 5 – 32. VISITATION				
☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**				

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

Except for legal visits or other special authorized visits, all visitation at this facility is non-contact. The facility has a spacious visitation area with individual booths.

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

18-10

(REVIEWER'S SIGNATURE) / **DATE**

PART 5 – 33. VOLUNTARY WORK PROGRAM

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility has a voluntary work program.	☒	☐	☐	There is an effective Voluntary Work Program in place at the facility in areas such as the kitchen, laundry, barbershop, and housing units.
2. Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	☒	☐	☐	
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.	☒	☐	☐	
4. Written procedures govern selection of detainees for the Voluntary Work Program. • The same procedures apply for replacement workers as for "new" workers. • Staff follows written procedures.	☒	☐	☐	
5. Where possible, physically and mentally challenged detainees participate in the program.	☒	☐	☐	
6. The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day. • Forty hours a week.	☒	☐	☐	
7. Detainee volunteers ordinarily work according to a fixed schedule.	☒	☐	☐	
8. If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	☒	☐	☐	
9. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	☒	☐	☐	
10. The voluntary work program meets: • OSHA standards • NFPA standards • ACA standards	☒	☐	☐	

PART 5 – 33. VOLUNTARY WORK PROGRAM

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Medical staff screen and formally certifies detainee food service volunteers; • Before the assignment begins • As a matter of written procedure	☒	☐	☐	
12. Detainees receive safety equipment/ training sufficient for the assignment	☒	☐	☐	
13. Proper procedure is followed when an ICE detainee is injured on the job.	☒	☐	☐	

PART 5 – 33. VOLUNTARY WORK PROGRAM

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

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

REVIEWER'S SIGNATURE / DATE

SECTION VI
JUSTICE STANDARDS

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.	☒	☐	☐	The PISPC has a facility-specific detainee handbook.
2. The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	☒	☐	☐	
3. A procedure for requesting interpretive services for essential communication has been developed.	☒	☐	☐	
4. Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	☒	☐	☐	
5. The handbook supplements the facility orientation video where one is provided.	☒	☐	☐	
6. The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	☒	☐	☐	
7. There is an annual review of the handbook by a designated committee or staff member.	☒	☐	☐	The handbook was revised in January 2010.
8. The detainee handbook address the following issues: • Personal Items permitted to be retained by the detainee. • Initial issue of clothes, bedding and personal hygiene items. • How to access care.	☒	☐	☐	These issues are addressed on page 3 of the handbook.
9. The detainee handbook states in clear language basic detainee responsibilities.	☒	☐	☐	
10. The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	☒	☐	☐	These issues are addressed on page 4 of the handbook.
11. The handbook states when a medical examination will be conducted.	☒	☐	☐	These issues are addressed on page 5 of the handbook.
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	☒	☐	☐	These issues are addressed on page 5 of the handbook.
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.	☒	☐	☐	These issues are addressed on page 8 of the handbook.
15. The handbook describes barber hours and hair cutting restrictions.	☒	☐	☐	

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
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.	☒	☐	☐	
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	☒	☐	☐	
19. The handbook describes the detainee voluntary work program.	☒	☐	☐	
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	☒	☐	☐	These issues are addressed on page 14 of the handbook.
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.	☒	☐	☐	These issues are addressed on page 9 of the handbook.
22. The handbook/supplement provides local ICE contact information.	☒	☐	☐	
23. The handbook describes the facility contraband policy.	☒	☐	☐	
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	☒	☐	☐	
25. The handbook describes the correspondence policy and procedures.	☒	☐	☐	
26. The handbook describes the detainee disciplinary policy and procedures, including: • Prohibited acts and severity scale sanctions. • Time limits in the Disciplinary Process. • Summary of Disciplinary Process.	☒	☐	☐	These issues are addressed on pages 17-26 of the handbook.
27. The grievance section of the handbook explains all steps in the grievance process – Including: • Informal (if used) and formal grievance procedures; • The appeals process; • In CDFs procedures for filing an appeal of a grievance with ICE. • Staff/detainee availability to help during the grievance process. • Guarantee against staff retaliation for filing/pursuing a grievance. • How to file a complaint about officer misconduct with the Department of Homeland Security.	☒	☐	☐	These issues are addressed on pages 15-16 of the handbook.
28. The handbook describes the medical sick call procedures for general population and segregation.	☒	☐	☐	

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
29. The handbook describes the facility recreation policy including: • Outdoor recreation hours. • Indoor recreation hours. • In dorm leisure activities. • Rules for television viewing.	☒	☐	☐	
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	☒	☐	☐	
31. The handbook specifies the rights and responsibilities of all detainees.	☒	☐	☐	
32. Detainees are required to sign for the handbook to ensure accountability.	☒	☐	☐	
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 Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The PISPC issues the detainees the ICE Detainee Handbook, as well as a facility-specific handbook which addresses all components of the NDS.

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

10

E / DATE

MARCH 2015 ICE2012FOIA03030.0002830

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 orientation video, as well as the handbook, provides information to detainees on how to use the informal and formal grievance process.
2. The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	☒	☐	☐	
3. The grievance section of the handbook explains all steps in the grievance process – Including: • Informal and formal grievance procedures; • The appeals process and step-by-step procedures; • Staff/detainee availability to help during the grievance process • Guarantee against staff retaliation for filing/pursuing a grievance. • How to file a complaint about officer misconduct with the Department of Justice. • How to file an emergency grievance.	☒	☐	☐	This information is noted on pages 15-16 of the detainee handbook.
4. Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	☒	☐	☐	Policy 3.5.6, entitled Grievance System Procedure, addresses this component.
5. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. • Detainees may seek help from other detainees or facility staff when preparing a grievance. • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	☒	☐	☐	
6. Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	☒	☐	☐	This information is noted in General Directive 30.
7. Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	☒	☐	☐	
8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	☒	☐	☐	This information is addressed in Policy 3.5.6.
9. Procedures include maintaining a Detainee Grievance Log. • If not, an alternative acceptable record keeping system is maintained. • "Nuisance complains" are identified in the records. • For quality control purposes, staff document nuisance complaints received but not filed.	☒	☐	☐	A review of the facility log indicates all the appropriate information is recorded.
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.	☒	☐	☐	

MARCH 2015 ICE2012FOIA03030.0002831

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
11. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	☒	☐	☐	
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.	☒	☐	☐	There have been no cases or allegations of officer misconduct during this review period.
14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. • In all facilities written procedures cover detainee appeals and are included in the detainee handbook	☒	☐	☐	
15. In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	☒	☐	☐	

PART 6 – 35. GRIEVANCE SYSTEM

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

A facility grievance system is in place. Facility staff and detainees are very familiar with the process.

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

10

0 **REVIEWER'S SIGNATURE / DATE**

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The facility provides a designated law library for detainee use.	☒	☐	☐	A spacious law library is available.
2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials *is posted in the law library.* • In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.	☒	☐	☐	
3. If the Lexis/Nexus CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: • Operable computers and printers, in sufficient numbers in order to provide access • Photocopiers, and • Supplies for both.	☒	☐	☐	The law library has six LexisNexis electronic law library computer systems. Printers and supplies are available for detainee use.
4. The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	☒	☐	☐	
5. The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	☒	☐	☐	
Detainees are provided with the means to save legal work in a private electronic format for future use.	☒	☐	☐	
7. The facility subscribes to updating services where applicable and legal materials requiring updates are current.	☒	☐	☐	The LexisNexis is updated on a quarterly basis.
8. Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	☒	☐	☐	
9. There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	☒	☐	☐	An ICE employee, designated as the librarian, manages the law library.
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.*	☒	☐	☐	
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.	☒	☐	☐	A request is submitted to the librarian.
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	☒	☐	☐	The librarian maintains a list of detainees with sufficient knowledge to assist other detainees.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	☒	☐	☐	
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.	☒	☐	☐	
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.	☒	☐	☐	A LexisNexis electronic law library computer system is available for detainees in administrative or disciplinary segregation.
16. All denials of access to the law library fully documented.	☒	☐	☐	In the past 12 month no detainee has been denied access to legal materials.
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	☒	☐	☐	
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	☒	☐	☐	
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	☒	☐	☐	All detainees are provided with free envelopes and stamps.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

Written policy and procedures serve to ensure the detainees receive law library access required by this standard.

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

-18-10

REVIEWER'S SIGNATURE / DATE

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS

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

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.**				
1. The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	☒	☐	☐	Field Office approval is requested and responsive in these situations.
2. Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	☒	☐	☐	
3. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	☒	☐	☐	
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	☒	☐	☐	Copies of posters were provided to confirm compliance.
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.	☒	☐	☐	In the past 12 months no detainee has been denied permission to attend a presentation.
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.	☒	☐	☐	
7. Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	☒	☐	☐	To date this type of request has not been submitted.
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 permit presenters to distribute ICE/DRO-approved materials.	☒	☐	☐	All material must have prior approval from the Field Office.
11. The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.	☒	☐	☐	
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. *The Headquarters* Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	☒	☐	☐	To date no presenters have had their privileges suspended.
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	☒	☐	☐	All material must have prior approval from the Field Office.

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS				
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.				
Components	**Meets Standard**	**Does Not Meet Standard**	**N/A**	**Remarks**
☐ **Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.**				
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	☒	☐	☐	Detainees can make this request through their DO.
15. The facility maintains equipment for viewing approved electronically formatted presentations.	☒	☐	☐	
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS				
☐ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**				

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

ICE staff were interviewed to determine compliance with this standard. Clear and specific policy and procedures are in place to

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

REVIEWER'S SIGNATURE / DATE

SECTION VII
ADMINISTRATION & MANAGEMENT STANDARDS

PART 7 – 38. DETENTION FILES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. A Detention File is created for every new arrival whose stay will exceed 24 hours.	☒	☐	☐	
2. The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	☒	☐	☐	A review of randomly selected detention files confirmed compliance.
3. *The detainee's Detention File also contains documents* generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	☒	☐	☐	A review of detention files selected at random confirmed compliance.
4. The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	☒	☐	☐	Visual observation of the location where detention files are maintained confirmed compliance.
5. The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	☒	☐	☐	
6. The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	☒	☐	☐	
7. Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	☒	☐	☐	
8. Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	☒	☐	☐	
9. Electronic record-keeping systems and data are protected from unauthorized access.	☒	☐	☐	
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	☒	☐	☐	
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.	☒	☐	☐	
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.	☒	☐	☐	
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a 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**
14. Archived files are purged after six years by shredding or burning.	☒	☐	☐	
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a *minimum of 18 months.*	☐	☐	☒	This facility is not an IGSA.
PART 7 – 38. DETENTION FILES				
☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**				

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

Contract security staff under ICE staff supervision creates the detention files as part of the admission process.

(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.	☒	☐	☐	Documentation was provided to confirm compliance.
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.	☒	☐	☐	Authorization forms were available for review.
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.	☒	☐	☐	Documentation was provided to confirm compliance.
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.	☒	☐	☐	Signed release forms were available for review.
5. All press pools are organized `according to the procedures in the Detention Standard. • A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. • All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. • All material generated from such a press pool is made available to all news media, without right of first publication or broadcast.	☒	☐	☐	

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

The British Broadcasting Corporation (BBC) did a news segment on the PISPC. Documentation was provided to confirm all procedures required by this standard were met.

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

010

REVIEWER'S SIGNATURE / DATE

MARCH 2015 ICE2012FOIA03030.0002840

ART 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.	☒	☐	☐	Policy 1.4.2, Training Plan, addresses this component.
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	☒	☐	☐	
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.	☒	☐	☐	All instructors and the training officers have completed a 40-hour Training-for-Trainers course.
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	☒	☐	☐	
5. An accurate and complete record is maintained of all formal training activities in: • Individual training folders, • Other training records systems, and/or • Electronic systems.	☒	☐	☐	

ART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	**Meets Standard**	**Does Not Meet Standard**	**N/A**	**Remarks**
6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: • Working conditions • Cultural diversity/understanding staff & detainees • Code of ethics • Personnel policy manual • Employees' rights and responsibilities • Drug-free Workplace • Health-related emergencies • Signs of Suicide risk and precautions • Suicide prevention and intervention • Hunger strikes • Use of Force • Keys and Locks • Overview of the criminal justice system • Tour of the facility • Facility goals and objectives • Facility organization • Staff rules and regulations • Sexual harassment/sexual misconduct awareness • Personnel policies • Program overview • Orientation and training on detainee handbook and detainee rights. • Requirement of special-needs detainees. • National Detention Standards	☒	☐	☐	This inspector reviewed several training files to verify compliance. Orientation training included these requirements.

ART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	**Meets Standard**	**Does Not Meet Standard**	**N/A**	**Remarks**
7. Clerical/support employees who have minimal detainee contact receive a minimum of: • Working conditions • Cultural diversity/understanding staff & detainees • Code of ethics • Personnel policy manual • Employees' rights and responsibilities • Overview of the criminal justice system • Tour of the facility • Facility goals and objectives • Facility organization • Staff rules and regulations • Sexual harassment/sexual misconduct awareness • Personnel policies • Program overview • National Detention Standards. • Key and Lock Control. • Suicide risk and prevention.	☒	☐	☐	Training for clerical/support included these required areas. This inspector reviewed several training files to verify compliance.

ART 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**
8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: • Security procedures and regulations • Code of Ethics • Health-related emergencies • Drug-free workplace • Supervision of detainees • Signs of suicide risk and hunger strike • Suicide precautions • Use-of-force regulations and tactics • Report writing • Detainee rules and regulations • Key control • Rights and responsibilities of detainees • Safety procedures • Emergency plan and procedures • Interpersonal relations • Social/cultural lifestyles of the detainee population • Cultural diversity/understanding staff & detainees • Communication skills • Cardiopulmonary resuscitation (CPR)/First aid • Counseling techniques • Sexual harassment/sexual misconduct awareness. • *National Detention Standards.*	☒	☐	☐	This inspector reviewed several training files to verify compliance.

MARCH 2015 ICE2012FOIA03030.0002844

ART 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
9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: • The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations • Key control; appropriate conduct with detainees • Responsibilities and rights of employees • Standard precautions • Occupational exposure • Personal protective equipment • Bio-hazardous waste disposal • Overview of the detention operations. • National Detention Standards. • Medical grievance procedures and protocol. • Requirement for special needs detainees. • Code of Ethics • Drug free workplace • Hostage situations and staff conduct if taken hostage.	☒	☐	☐	Full-time health care employees received training in the required areas. This inspector reviewed several training files to verify compliance.

ART 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
10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: • Security procedures and regulations • Supervision of detainees • Searches of detainees, housing units, and work areas • Signs of suicide risk, precaution, prevention and intervention. • Code of Ethics • Health-related emergencies • Drug-free workplace • Suicide precautions • Self-defense techniques • Use-of-force regulations and tactics • Report writing • Detainee rules and regulations • Key control • Rights and responsibilities of detainees • Safety procedures • Emergency plans and procedures • Interpersonal relations • Social/cultural lifestyles of the detainee population • Cultural diversity/understanding staff & detainees • Communication skills • Cardiopulmonary resuscitation (CPR)/first aid • Counseling techniques • Sexual abuse/assault awareness • National Detention Standards.	☒	☐	☐	Documentation showed that security personnel received all training in all required areas.
11. Situation Response Teams (SRTs) receive: • Specialized training before undertaking their assignments.	☒	☐	☐	This inspector reviewed several training files to verify compliance.
12. Facility management and supervisory staff receive: • Management and Supervisory training	☒	☐	☐	
13. **(MANDATORY)** Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use -- before being assigned to a post involving their possible use.	☒	☐	☐	
14. **(MANDATORY)** All personnel authorized to use firearms demonstrate competency in their use at least annually.	☒	☐	☐	
15. **(MANDATORY)** Personnel authorized to use (b)(7)(e) receive training in the use of (b)(7)(e) and in the treatment of individuals exposed to a (b)(7)(e) before being assigned to a post involving their possible use.	☒	☐	☐	Training files documented compliance with this component.

ART 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**
16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: • Staff, contractors, and volunteers prohibited from: • Using illegal drugs. • Possessing illegal drugs except in the authorized performance of official duties. • Procedures to be used to ensure compliance. • Opportunities available for treatment and/or counseling for drug abuse. • Penalties for violation of the policy.	☒	☐	☐	
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.	☒	☐	☐	
18. All staff is trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: • Staff, contractors, and volunteers prohibited from: • Using their official positions to secure privileges for themselves or others. • Engaging in activities that constitute a conflict of interest. • Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. • Acceptable behavior in the areas of campaigning, lobbying or political activities.	☒	☐	☐	
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.	☒	☐	☐	

ART 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
20. **(MANDATORY)** All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: • Recognizing of signs of potential health emergencies and the required responses. • Administering first aid and cardiopulmonary resuscitation (CPR). • Obtaining emergency medical assistance through the facility plan and its required procedures. • Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. • The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.	☒	☐	☐	This was verified by review of documentation.
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an acceptable consequence of detention. • Recognizing housing or other situations where sexual abuse or assault may occur. • Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. • Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.	☒	☐	☐	
22. **(MANDATORY)** All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: • Identifying the warning signs and symptoms of impending suicidal behavior, • Demographic, cultural, and precipitating factors of suicidal behavior, • Responding to suicidal and depressed detainees, • Communication between correctional and health care personnel, • Referral procedures, • Housing observation and suicide-watch level procedures, and • Follow-up monitoring of detainees who have attempted suicide.	☒	☐	☐	This inspector reviewed several training files to verify compliance.
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.	☒	☐	☐	

ART 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
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.	☒	☐	☐	
25. Through ongoing (at least annual) training, all detention facility staff is made aware of their responsibilities to control situations *involving aggressive* detainees. At a minimum, training shall include: • The requirements of this Detention Standard • The use of force continuum • Communication techniques • Cultural diversity • Dealing with the mentally ill • Confrontation-avoidance techniques • Approved methods of self-defense • Force cell-move techniques • Communicable diseases, particularly precautions to be taken for use of force • Application of restraints (progressive and hard) • Reporting procedures.	☒	☐	☐	
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	☒	☐	☐	

PART 7 – 40. STAFF TRAINING

☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**

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

This inspector reviewed numerous staff training files and the training materials/lesson plans to ensure compliance. Interviews with facility training staff were also conducted to verify they were aware of the required training requirements for staff. Training records were well documented and organized.

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

REVIEWER'S SIGNATURE / DATE

PART 7 - 41. TRANSFER OF DETAINEES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer. • The notification is recorded in the detainee's file • When the A-File is not available, notification is noted within ENFORCE.	☒	☐	☐	Facility policy is clear and specific on these requirements.
2. Notification includes the reason for the transfer and the location of the new facility,	☒	☐	☐	
3. The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	☒	☐	☐	
4. The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	☒	☐	☐	
5. Facility policy mandates that: • Times and transfer plans are never discussed with the detainee prior to transfer. • The detainee is not notified of the transfer until immediately prior to departing the facility. • The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.	☒	☐	☐	Facility policy is clear and specific on these requirements.
6. The detainee is provided with a completed Detainee Transfer Notification Form.	☒	☐	☐	
7. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	☒	☐	☐	
8. For medical transfers: • The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. • Medical transfers are coordinated through the local ICE/DRO office. • A medical transfer summary is completed and accompanies the detainee. • Detainee is issued a minimum of 7 days worth of prescription medications.	☒	☐	☐	
9. Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.	☒	☐	☐	Staff confirmed this is required procedure for all detainee transfers.
10. For medical transfers, transporting officers receive instructions regarding medical issues.	☒	☐	☐	
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.	☒	☐	☐	

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**
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.	☒	☐	☐	
14. Meals are provided when transfers occur during normally schedule meal times.	☒	☐	☐	
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub-office.	☒	☐	☐	Documentation was reviewed to confirm compliance.
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	☒	☐	☐	
PART 7 - 41. TRANSFER OF DETAINEES				
☒ **Meets Standard** ☐ **Does Not Meet Standard** ☐ **N/A** ☐ **Repeat Finding**				

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

An ICE employee at the supervisory level is designated as the transfer officer and assigned the responsibility of ensuring compliance with all of the requirements of this standard.

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

18-10

REVIEWER'S SIGNATURE / DATE

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: Michael Pitts
Field Office Director
San Antonio Field Office

FROM: Robert P. Helwig
Assistant Director for Detention and Removal Management

SUBJECT: Port Isabel Service Processing Center Annual Review

The annual review of the Port Isabel SPC conducted February 16-18, 2010, in Los Fresnos, Texas has been received. A final rating of **Meets the Standards** 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):

1) The Field Office Director, Detention and Removal Operations, shall notify the facility **within** five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A, *Detention Facility Review Form*, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

2) The next annual review will be scheduled on or before February 16, 2011.

Should you or your staff have any questions regarding this matter, please contact Gary Mead, Deputy Assistant Director, Detention Management Division at (202) 73(b)(6), (b)(7)(c)

cc: Official File
ICE: (b)(6), (b)(7)(c) 03/04/2010
(b)(7)(e)

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

MGT OF AMERICA, INC.

1333 New Hampshire Avenue NW

Washington, DC 20036

Contract # 04-00-80-3818

ICE Detention Standards

Compliance Review

Facility:	**Port Isabel Service Processing Center**
Inspection Date:	February 16-18, 2010
Report Date:	February 20, 2010

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

MARCH 2015 ICE2012FOIA03030.0002853

MGT
OF AMERICA, INC.

1333 New Hampshire Ave. NW, Suite 300
Washington, DC 20036
202/ 419 (b)(6), (b)(7)(c)
202/ 419
www.MGTofAmerica.com

February 20, 2010

MEMORANDUM FOR: (b)(6), (b)(7)c
Director
(b)(6), (b)(7)c noval Operations

FROM: (b)(6), (b)(7)c
Lead Compliance Inspector

SUBJECT: Port Isabel Service Processing Center
Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) Performance Based National Detention Standards (PBNDS) at the Port Isabel Service Processing Center (PISPC) located in Los Fresnos, Texas, during the period of February 16-18, 2010. This is an ICE-operated facility.

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

Subject Matter Field	Team Member
Security	(b)(6), (b)(7)c
Medical Care	(b)(6), (b)(7)c
Food Service	(b)(6), (b)(7)c
Environmental Health and Safety	(b)(6), (b)(7)c

Type of Review

The review is a scheduled annual inspection which is performed to determine overall compliance with the ICE PBNDS for Over 72 hour facilities. The facility received a previous rating of "Good" during the February 2009 inspection which was based on the National Detention Standards (NDS).

Review Summary

The PISPC is accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Standards Compliance

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

2009 Inspection – Pursuant to NDS	
Compliant	37
Deficient	0
At-Risk	0
Repeat Deficiency	1
Not Applicable	0

2010 Inspection – Pursuant to PBNDS	
Meets Standard	41
Does Not Meet Standard	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	0

The PBNDS consist of both Mandatory and Non-Mandatory components. The following breakdown is provided as a result of the 2010 inspection.

2010 Inspection – Pursuant to PBNDS	*Mandatory*	*Non-Mandatory*
Meets Component	38	818
Does Not Meet Component	0	4
Non-Applicable	2	27
Total Components	40	849
Percentage of Compliance	100%	99.5%

Outcome Measures

The analysis of the Outcome Measures provided is consistent with the overall mission and security level of the facility.

LCI Issues and Concerns

There are no standards identified by the inspection team as "Does Not Meet Standard."

Best Practices

To maintain maximum key control, the PISPC utilizes a picture key chit which is compared to the employee requesting the issuance of keys. Each employee requiring the use of restricted keys has their photo above locked key boxes and only that employees may gain access. This prevents any unauthorized individual from receiving restricted keys.

Recommended Rating and Justification

The LCI recommends the PISPC receive a rating of "Meets Standards." In addition to meeting all 41 PBNDS, the facility is in compliance with 100% of the mandatory components, and 99.5% of the Non-Mandatory components. The facility is an efficient and professional operation, demonstrating good management of the detainee population.

MGT OF AMERICA, INC.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely recorded on the G-324A Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire inspection team, the following were present: (b)(6), (b)(7)c ICE Assistant Field Office Director (AFOD) (b)(6), (b)(7)c ICE Fleet Supervisor (b)(6), (b)(7)c Acting Health Services Administrator (AHSA), Public Health Service (PHS); (b)(6), (b)(7)c Assistant HSA, PHS; (b)(6), (b)(7)c ICE Supervisory Immigration Enforcement Agent (SIEA); (b)(6), (b)(7)c ICE Contracting Officers Technical Representative (COTR); (b)(6), (b)(7)c Field Director, Ahtna Technical Services, Inc. (ATSI); (b)(6), (b)(7)c ACA Manager, ATSI; (b)(6), (b)(7)c, Compliance Reviewer, Nakamoto; (b)(6), (b)(7)c ICE Immigration Enforcement Agent (IEA) – Training, ICE; and (b)(6), (b)(7)c (b)(6), (b)(7)c ICE IEA – Training.

(b)(6), (b)(7)c LCI, MGT
Printed Name/Title

February 20, 2010
Date

Signature: _____

A. Type of Facility Reviewed

- ☒ **ICE Service Processing Center**
- ☐ **ICE Contract Detention Facility**
- ☐ **ICE Intergovernmental Service Agreement**

B. Current Inspection

Type of Inspection
☐ Field Office ☒ HQ Inspection

Date[s] of Facility Review
February 16-18, 2010

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
February 17-19, 2009

Previous Rating
☐ Superior ☒ Good ☐ Acceptable ☐ Deficient ☐ At-Risk

D. Name and Location of Facility

Name
Port Isabel Service Processing Center

Address (Street and Name)
27991 Buena Vista Boulevard

City, State and Zip Code
Los Fresnos, Texas 78566

County
Cameron

Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
(b)(6), (b)(7)c **Assistant Field Office Director**

Telephone # (Include Area Code)
56-547(b)(6), (b)(7)c

Field Office / Sub-Office (List Office with oversight responsibilities)
San Antonio, TX / Harlingen, TX

Distance from Field Office
250 miles / 30 miles

E. ICE Information

Name of LCI (Last Name, Title and Duty Station)
(b)(6), (b)(7)c **/ LCI / MGT**

Name of Team Member / Title / Duty Location
(b)(6), (b)(7)c **/ CI-Security / MGT**

Name of Team Member / Title / Duty Location
(b)(6), (b)(7)c **/ CI-Medical Care / MGT**

Name of Team Member / Title / Duty Location
(b)(6), (b)(7)c **/ CI-Food Service / MGT**

Name of Team Member / Title / Duty Location
(b)(6), (b)(7)c **/ CI-Environmental Health and Safety / MGT**

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA
N/A	**N/A**

Basic Rates per Man-Day
N/A

Other Charges: (If None, Indicate N/A)
N/A

Estimated Man-days Per Year:
50,000

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 ☐ Life/Safety Issues

☒ Check if None.

I. Facility History

Date Built
Facility – 1950 / Administration Building – 02-05-07

Date Last Remodeled or Upgraded
2007

Date New Construction / Bed space Added
2001 / N/A

Future Construction Planned
☒ Yes ☐ No Date: **In Progress - Fence Upgrades**

Current Bed space	Future Bed space (# New Beds only)
1200	Number: **N/A** Date: **N/A**

J. Total Facility Population

Total Facility Intake for previous 12 months
5851

Total ICE Man-days for Previous 12 months
247,371

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	164	231	285
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	864	850	1200
Adult Female	N/A	N/A	N/A

☐ **Facility holds Juveniles Offenders 16 and older as Adults**

M. Average Daily Population

	ICE	USMS	Other
Adult Male	663	N/A	N/A
Adult Female	N/A	N/A	N/A

N. Facility Staffing Level

Security:	Support:
ICE - (b)(7)e **Contract Security -**(b)(7)e (b)(6), (b)(7)c	

SIGNIFICANT INCIDENT SUMMARY WORKSHEET

r ICE to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The formation 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: Offenders on Offenders[1]	Types (Sexual[2], Physical, etc.)	15-P	6-P	4-P	3-P
	With Weapon	0	0	0	0
	Without Weapon	15	6	4	3
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	1-P	0	7-P	10-P
	With Weapon	0	0	0	0
	Without Weapon	1	0	7	10
Number of Forced Moves, incl. Forced Cell moves[3]		0	1	0	0
Disturbances[4]		0	0	0	0
Number of Times (b)(7)(e) (b)(7)(e)		0	1	0	0
(b)(7)(e)		0	4	2	1
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		11	15	15	16
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	55	52	169	318
	# Resolved in favor of Offender/Detainee	39	26	71	165
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	1A; 1-I	4-A	4-A
	Number	0	2	4	4
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	116	237	237	368
	# Psychiatric Cases referred for Outside Care	1	0	20	6

Any attempted physical contact or physical contact that involves two or more offenders
Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting
Routine transportation of detainees/offenders is not considered "forced"
Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

	1. Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
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	☒	☐	☐	

LCI REVIEW ASSURANCE STATEMENT

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

LEAD COMPLIANCE INSPECTOR	
Lead Compliance Inspector: (Print Name) (b)(6), (b)(7)c	(b)(6), (b)(7)c
Title & Duty Location **LCI, MGT**	Date **February 20, 2010**

TEAM MEMBERS	
Print Name, Title, & Duty Location (b)(6), (b)(7)c **CI-Security, MGT**	Print Name, Title, & Duty Location (b)(6), (b)(7)c **, CI-Medical Care, MGT of America, Inc.**
Print Name, Title, & Duty Location (b)(6), (b)(7)c **CI-Food Service, MGT**	Print Name, Title, & Duty Location (b)(6), (b)(7)c **CI-Environmental Health and Safety, MGT**

ecommended Rating:

☒ **Meets Standards**
☐ **Does Not Meet Standards**

Comments:

There was one detainee death in the past year:

- A 52-year old male ICE detainee, admitted to the facility on October 19, 2008, died at the Valley Baptist Medical Center on May 10, 2009. According to facility medical staff, he was diagnosed with (b)(6), (b)(7)c shortly after admission. He was admitted to an outside hospital on January 14, 2009, and started (b)(6), (b)(7)c On February 13, 2009, the detainee was transferred to a community long-term care facility for palliative care, pending hospice placement. He was transported back to the hospital on May 8, 2009, when his condition deteriorated. He died two days later, and the coroner determined no autopsy was required.

Attempted Suicides during the past year:

- The issue of attempted suicides was discussed with the Assistant Health Services Administrator (AHSA) who indicated there had been no serious suicide attempts during the past year. He reported no incidents in which a detainee's actions jeopardized his health or resulted in the need for an immediate medical response.

The majority of the grievances filed by detainees over the past 12 months are due to a deportation decision or because of a desire to speak with a deportation officer.

T (b)(7)e The use of drug detecting dogs has been limited to the main entrance; they were not ought into the housing areas during the past twelve months.