*Office of Enforcement and Removal Operations* 

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



### U.S. Immigration and Customs Enforcement

MEMORANDUM FOR:	Robin F. Baker Field Office Director San Diego Field Office
FROM:	Robert P. Helwig Assistant Director for Enforcement and Removal Management
SUBJECT:	San Diego Contract Detention Facility Annual Review

The annual review of the San Diego Contract Detention Facility conducted on July 13-15, 2010, in San Diego, California has been received. A final rating of <u>Meets the Standards</u> has been assigned. No further action is required and this review is closed.

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

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, RIC Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before July 14, 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(2)(6), (b)(7)(c)

cc:	Official File			
	ICE:HQERO	(b)(6), (b)(7)(C)	07/28/2010	
	ľ		(b)(7)(E)	

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### **Department of Homeland Security**

Immigration and Customs Enforcement Office of Detention and Removal Operations

## **Condition of Confinement Inspection Worksheet**

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



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

Intergovernmental S	Service A	greement	(IGSA)
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ICE Service Processing Center (SPC)

ICE (	Contract	Detention	Facility	(CDF)
	Jonuaci	Detention	гасшиу	(CDF)

Name
San Diego Contract Detention Facility
Address (Street and Name)
446 Alta Road Suite 5400
City, State and Zip Code
San Diego, California 92158
County
San Diego
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator)
(b)(6) (b)(7)(C) Warden
(b)(6), (b)(7)(C) Warden
Name and title of Lead Compliance Inspector
Name and title of Lead Compliance Inspector
Name and title of Lead Compliance Inspector (b)(6), (b)(7)(C)
Name and title of Lead Compliance Inspector (b)(6), (b)(7)(C) Date[s] of Review

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

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

### What is "Performance-Based"?

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

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

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

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

### Worksheet Overview

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

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

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

The Outcome Measures Worksheet section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the facility as part of a **key** *indicators* database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

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### Worksheet Completion

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

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

### **Outcome Measures Completion**

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

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

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# **Section I SAFETY**

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

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PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>No Detainee or detainee groups exercise control or authority over other detainees.</li> </ol>	$\boxtimes$				
<ul> <li>2. Detainees are protected from:</li> <li>Personal abuse</li> <li>Corporal punishment</li> <li>Personal injury</li> <li>Disease</li> <li>Property damage</li> <li>Harassment from other detainees</li> </ul>	$\boxtimes$			Policy 15-100 instructs staff that detainees are to be protected from each of these listed elements.	
<ul> <li>3. Staff are trained to identify signs of detainee unrest.</li> <li>What type of training and how often?</li> </ul>	$\boxtimes$			The officer new-hire orientation class (5 weeks) covers detainee unrest and how to report same in a series of classes: Management & Supervision of Inmates, Unit Management & Direct Supervision, Count Procedures & Inmate Accountability, Inmate Communications, Inmate Problem Solving and Segregation Inmates. Staff also receives training related to these issues in their annual in- service training (40 hours).	
<ol> <li>Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.</li> </ol>	$\boxtimes$			Policy 8-2, Facility Safety Authority/Team Safety Response, encourages all staff to report any information related to facility safety/security and detainee morale (good or poor) to supervisory staff. Suggestions from staff for areas of improvement are encouraged.	
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 emergency plans are reviewed at least annually by the Chief of Unit Management, the Chief of Security, the Assistant Wardens $p_{(7)}(E)$ and the Warden.	
<ol> <li>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.</li> </ol>					
7. All staff receive training in the emergency plans during their orientation training as well as during their annual training.					

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>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.</li> </ol>	$\boxtimes$			This facility utilizes the Incident Management Team concept to respond to emergencies. Facility response, to include alternative routes and duties, are detailed in the emergency plans.	
<ul> <li>9. The plans address the following issues:</li> <li>Confidentiality</li> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> <li>Revisions</li> </ul>	$\boxtimes$				
<ol> <li>Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.</li> </ol>	$\boxtimes$				
<ol> <li>Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.</li> </ol>	$\boxtimes$			There are no residential areas in the immediate location of this facility. The emergency contact list does include all emergency services in the area (local police, EMS, rural fire department, FAA, state prison located nearby, HazMat if applicable, ME Office if applicable, etc.).	
<ul> <li>12. The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>	$\boxtimes$			The facility has a Memorandum Of Understanding with the Rural Fire Department, the San Diego Sheriff's Office, and Ocean Blue Environmental Services (HazMat).	
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.	$\boxtimes$			Table-top exercises are conducted with each of these agencies/departments at least quarterly.	
14. All staff receive copies of the Facility Hostage policy and procedures.	$\boxtimes$				

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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	
15. (b)(7)(E) (b)(7)(E) Within 24 hours after release, hostages are screened for medical and psychological effects.	$\boxtimes$			During their new-hire training and during their annual in-service training, (b)(7)(E) (b)(7)(E) Policy 8-1 requires medical personnel to respond to personnel who may have been taken hostage. The facility provides Critical Incident Stress Management services to their staff.	
<ol> <li>The facility maintains a list of translator services in the event one is needed during a hostage crisis.</li> </ol>	$\boxtimes$			The facility has a contract with AT&T to provide translator services. The contact numbers for such services are contained in the emergency plans.	
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	$\boxtimes$				
<ol> <li>The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.</li> </ol>	$\boxtimes$			Food Service maintains two week's worth of food on hand at all times.	
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	$\boxtimes$			All utility locations, pictures and shut-off procedures are detailed in the emergency plans.	
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	$\boxtimes$				

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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 Components Remarks						
<ul> <li>21. (MANDATORY) Written procedures cover:</li> <li>Work/Food Strike</li> <li>Fire</li> <li>Environmental Hazard</li> <li>Detainee Transportation System Emergency</li> <li>ICE-wide Lockdown</li> <li>Staff Work Stoppage</li> <li>Disturbances</li> <li>Escapes</li> <li>Bomb Threats</li> <li>Adverse Weather</li> <li>Internal Searches</li> <li>Facility Evacuation</li> <li>Detainee Transportation System Plan</li> <li>Hostages (Internal)</li> <li>Civil Disturbances</li> </ul>	$\boxtimes$			The facility has a comprehensive set of emergency plans, post orders, and policies that covers each of these areas. The plan that covers a detainee Work Strike is contained in Appendix G-the Facility Food Service Contingency Plan, which is part of the emergency plans. The facility also has an emergency plan that covers an Assault from the Outside and Medical Emergencies.		
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.						
PART 1 – 1. EM	ERGE		IS			
⊠ Meets Standard   □ Does Not Meet \$	Standa	rd 🗌 N	/A	☐Repeat Finding		

The facility has a very detailed list of emergency plans that covers all areas required by this standard. They have a series of appendices, attachments and addendums to some of the plans which makes it difficult to follow each plan requirement(s) as the attachments are located in a different area of the book.

(b)(6), (b)(7)(C) 7/15/2010 Reviewer's Signature / Date

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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	
1. (MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	$\boxtimes$			The facility has established an effective system for storing, issuing and maintaining inventories of hazardous materials.	
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	$\boxtimes$				
<ul> <li>3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>	$\boxtimes$			The manufacturer's Material Safety Data Sheet file is up-to- date as evidenced by a review of existing MSDS files.	
<ul> <li>4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures:</li> <li>Wear personal protective equipment.</li> <li>Report hazards and spills to the designated official.</li> </ul>	$\boxtimes$			Appropriate procedures are followed on a routine basis. Personal protective equipment is available when needed.	
5. The MSDS are readily accessible to staff and detainees in the work areas.	$\boxtimes$				
<ul> <li>6. Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited.</li> <li>Detainees are trained.</li> <li>Staff always supervises detainees using these substances.</li> </ul>					
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	$\boxtimes$				
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.	$\boxtimes$				
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	$\boxtimes$				

# FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324B Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07 Page 10 of 159

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
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			$\boxtimes$	Products with methyl alcohol are not used or permitted into the facility.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.				Training records were reviewed and the results reflect appropriate training is provided. An OSHA trained staff member provides the required training.
13. <b>(MANDATORY)</b> 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).	$\boxtimes$			The facility complies with applicable codes, standards and regulations. The safety officer was in possession of the most recent NFPA codes and OSHA regulations. The facility had received an acceptable rating from the county fire marshal.
14. A technically qualified staff member conducts fire and safety inspections.	$\boxtimes$			Training certification was reviewed on the staff member conducting the fire and safety inspections reflecting appropriate qualifications.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	$\boxtimes$			
16. <b>(MANDATORY)</b> The facility has an approved fire prevention, control, and evacuation plan.	$\boxtimes$			The facility maintains an approved policy, 8-7 entitled Fire Prevention and Control.
<ul> <li>17. The plan requires:</li> <li>Monthly fire inspections.</li> <li>Fire protection equipment strategically located throughout the facility.</li> <li>Public posting of emergency plan with accessible building/room floor plans.</li> <li>Exit signs and directional arrows.</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>				
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				A review of fire drills reflects quarterly fire drills are conducted in all facility locations on a routine basis.

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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.

- 1				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
19. A sanitation program covers barbering operations.	$\boxtimes$			A sanitation program covers barber operations as evidenced by operational practice and supportive documentation.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	$\boxtimes$			
21. The sanitation standards are conspicuously posted in the barbershop.	$\boxtimes$			Sanitation standards are posted in the barbershop.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	$\boxtimes$			
<ul> <li>24. Standard cleaning practices include:</li> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>	$\boxtimes$			
25. Spill kits are readily available.	$\boxtimes$			
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	$\boxtimes$			
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$			
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$			
<ul> <li>29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventive spraying for indigenous insects.</li> </ul>				Monthly inspections are conducted as evidenced by documentation reviewed.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			

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MARCH 2015 ICE2012FOIA03030.0003730

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.

equipment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>31. Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>				The emergency power generators used by the facility are located at the county correctional center adjacent to the facility. Emergency power generators are tested at least every two weeks. The generators are tested on a weekly basis and load tested every month. Supportive documentation was available for review. All emergency systems are tested monthly.	
32. The Facility appears clean and well maintained.	$\boxtimes$				
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.					
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.				The HSA has a policy to conduct medical-facility inspections on a daily basis. This policy was implemented in May 2010. Prior to May 2010, daily inspections were not being maintained as reported by medical personnel. Since May 2010, documentation was provided that reflects daily inspections were completed in all appropriate areas on each day, except the most recent three days: July 13, 14 and 15. Inspections were reported to have been completed but documentation was not provided.	
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	$\boxtimes$				

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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.	$\boxtimes$					
38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:						
<ul> <li>American Correctional Association,</li> <li>Occupational Safety and Health Administration,</li> <li>Environmental Protection Agency,</li> <li>Food and Drug Administration,</li> <li>National Fire Protection Association's Life Safety Code, and</li> <li>National Center for Disease Control and Prevention.</li> </ul>	$\boxtimes$					
PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
🛛 Meets Standard 🛛 🗌 Does Not Meet S	☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

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

The facility maintains a comprehensive environmental health and safety program that includes the control of hazardous materials, facility-wide sanitation initiatives, staff and detainee training, and compliance with fire safety codes and regulations.

A qualified staff member who has been trained in OSHA regulations oversees the safety and sanitation program including implementation, inspections, monitoring and training.

(b)(6), (b)(7)(C) / 7/15/2010 Reviewer's Signature / Date

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	PART 1 – 3. TRANSPORTATION (BY LAND)						
pro ma	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		
	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	$\boxtimes$					
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	$\boxtimes$			The Transportation Supervisor maintains a copy of each employee's current CDL license, firearms qualification and driving record.		
3.	Supervisors maintain records for each vehicle operated.				Maintenance records and logs for vehicles operated by CCA and ICE were reviewed and all records were accurate and detailed (b)(7)(E) vans and a bus were inspected.		
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	$\boxtimes$			ICE and CCA staff maintains detailed records on all vehicles.		
	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	$\boxtimes$			Records for routine/preventative maintenance, inspections and emergency repairs were reviewed and each was accurate.		
6.	<ul> <li>Officers use a checklist during every vehicle inspection.</li> <li>Officers report deficiencies affecting operability.</li> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>						

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### 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.

	g	g t		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>7. Transporting officers:</li> <li>Limit driving time to 10 hours in any 15 hour period when transporting detainees.</li> <li>Drive only after eight consecutive off-duty hours.</li> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.</li> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.</li> <li>During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit.</li> </ul>				Officers maintain hourly driving records that are monitored by the Transportation Supervisor. All of the records reviewed met this standard related to driving time limits.
<ul> <li>8. (b)(7)(E) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.</li> <li>When buses travel in tandem with detainees, there are (b)(7)(Equalified officers per vehicle.</li> <li>An unaccompanied driver transports an empty vehicle.</li> </ul>				Travel logs reviewed verify compliance.
9. The transporting officer inspects the vehicle before the start of each detail.	$\boxtimes$			Daily vehicle inspection reports were reviewed for a number of vehicles and all were accurate.
10. Positive identification of all detainees being transported is confirmed.	$\boxtimes$			Existing policy requires positive identification is obtained on all detainees.
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	$\boxtimes$			
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	$\boxtimes$			
13. All uniformed officers (b)(7)e in accordance with the (b)(7)e and/or applicable contract policy when transporting detainees.				(b)(7)e

### 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.

Meets Standard	Does Not Meet Standard	N/A	Remarks
$\boxtimes$			
X			
			Sack meals are provided when
$\boxtimes$			needed.
$\boxtimes$			
1			
			(b)(7)(E)
X			
$\boxtimes$			

### 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		
<ul> <li>22. The following contingencies are included in the written procedures for vehicle crews: <ul> <li>Attack</li> <li>Escape</li> <li>Hostage-taking</li> <li>Detainee sickness</li> <li>Detainee death</li> <li>Vehicle fire</li> <li>Riot</li> <li>Traffic accident</li> <li>Mechanical problems</li> <li>Natural disasters</li> <li>Severe weather</li> <li>Passenger list is not exclusively men or women or minors</li> </ul> </li> </ul>				Each of these are contained in the post orders for staff assigned to transport detainees.		
	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 policies meet or exceed all of the requirements of this standard. Interviews conducted with the Transportation Supervisor and the staff assigned to this detail reveal policy adherence. All of the vehicles inspected were clean and well maintained. Each vehicle had the required equipment and supplies.

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# Section II SECURITY

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

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PART 2 – 4. ADMISSION AND RELEASE						
This Detention Standard protects the community, detained orderly operations when detainees are admitted to or relea				d contractors by ensuring secure and		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	$\boxtimes$			Upon their arrival, each detainee receives an orientation of the facility which includes all the elements identified in this component. An orientation video as well as a detainee handbook is provided in English, Spanish and Chinese.		
2. Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	$\boxtimes$			Medical 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.						
4. All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	$\boxtimes$			Upon their arrival, all detainees are initially subject to a pat-down search by an officer of the same sex. The routine 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.				The facility reported 136 strip searches during the past 12 months. All strip searches were documented identifying the cause for reasonable suspicion and appropriate supervisory approval.		
6. The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	$\boxtimes$					
7. Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.						
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\bowtie$					

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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		
<ol><li>All releases are coordinated with ICE.</li></ol>	$\boxtimes$			All releases are coordinated with ICE personnel.		
10. Staff complete paperwork/forms for release as required.	$\boxtimes$			A review of detainee files revealed appropriate release forms were being used and completed.		
11. Each detainee receives a receipt for personal property secured by the facility.	$\boxtimes$			Receipts are provided to each detainee.		
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	$\boxtimes$					
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	$\boxtimes$					
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	$\boxtimes$			All orientation material is provided in three primary languages.		
PART 2 – 4. ADMIS	SION A	AND RELE	ASE			
⊠ Meets Standard □ Does Not Meet S	Standa	rd 🗌 N/	/ <b>A</b>	☐Repeat Finding		

The facility provides appropriate orientation material to each ICE detainee upon their arrival.

Each detainee is subject to a pat-down search unless reasonable suspicion has been established that a more intrusive search shall be conducted and appropriate authorization has been received.

A separate hallway is utilized to process detainees being admitted into the facility from detainees being released.

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PART 2 – 5. CLASSIFICATION SYSTEM						
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
1. SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	$\boxtimes$			The Objective Classification System is currently used at the facility.		
<ul> <li>2. The facility classification system includes:</li> <li>Classifying detainees upon arrival.</li> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> <li>The first-line supervisor or designated classification specialist reviews every classification decision.</li> </ul>	$\boxtimes$			The facility classification system includes classifying detainees upon their arrival, separating when necessary, and first-line supervisory reviews. Dedicated trained personnel complete the classification instruments.		
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	$\boxtimes$					
4. Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	$\boxtimes$			Staff report they utilize only factual information including primarily data from the I-213 form and NCIC to complete the classification instrument.		
5. Housing assignments are based on classification- level.				Detainees are assigned to housing units based on their classification level.		
6. A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	$\boxtimes$					
7. Detainee work assignments are based upon classification designations.	$\boxtimes$			Detainees classified as level three are not assigned work details outside their assigned living units.		
8. The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	$\boxtimes$			A review of twenty detainee files revealed the classification process including completion of reassessments during appropriate time periods were being completed.		
9. The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	$\boxtimes$					
10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	$\boxtimes$					

PART 2 – 5. CLAS	PART 2 – 5. CLASSIFICATION SYSTEM					
contributes to orderly facility operations, by requiring a	This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.						
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	$\boxtimes$			The current site-specific detainee handbook dated April 2010 explains classification levels, restrictions and conditions.		
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 assigns red uniforms to detainees classified as maximum, orange uniforms to those classified as medium and blue uniforms to detainees classified as minimum.		
PART 2 – 5. CLASSIFICATION SYSTEM						
⊠ Meets Standard □ Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding		

Every detainee admitted into the facility is classified based on an Objective Classification Instrument. Appropriate reassessments are completed during required time-frames. Multiple housing units are available to ensure appropriate separation is maintained between detainees of different classification levels.

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PART 2 – 6. CONTRABAND This Detention Standard protects detainees and staff and enhances facility security and good order by identifying,						
detecting, controlling, and properly disposing of contraband.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>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.</li> </ol>	$\boxtimes$			Policy 9-6 covers all aspects of contraband.		
<ol> <li>Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.</li> </ol>	$\boxtimes$			Addressed in policy 9-6 (F).		
<ol> <li>Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.</li> </ol>	$\boxtimes$					
4. Altered property is destroyed following documentation and using established procedures.	$\boxtimes$					
5. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	$\boxtimes$			The facility has a full-time Chaplain on staff who is routinely contacted prior to the confiscation of any religious item.		
<ol> <li>Staff follow written procedures when destroying hard contraband that is illegal.</li> </ol>						
<ul> <li>7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes.</li> <li>If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.</li> <li>Soft Contraband is mailed to a third party or</li> </ul>	$\boxtimes$			Hard contraband has been previously maintained for use in training although none is on hand at the facility at this time. If maintained, (b)(7)(E)		
stored in accordance with the Detention Standard on Funds and Personal Property.						
<ol> <li>Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.</li> </ol>				Contraband identification and procedures are discussed in the detainee handbook.		
9. Facilities with Canine Units only use them for contraband detection.			$\boxtimes$	Canine Units are not assigned to this facility.		
PART 2 – 6						
Meets Standard Does Not Meet	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding		

The facility's policy and procedures meets or exceeds all of the components of this standard.

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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			
and department h and activity areas	· · · · · · · · · · · · · · · · · · ·				Most command staff visit all areas of the facility daily.			
	e anф)(7)(∉female staff are on duty and females are housed.	$\boxtimes$						
staffing needs and					The CCA headquarters office completes staffing analysis for all facilities and then allows facility input. The analysis occurs annually according to CCA staff.			
<ol> <li>Essential posts al personnel.</li> </ol>	nd positions are filled with qualified				All persons attend a 5-week new- hire training course and are also mandated to attend a 40-hour annual in-service training course each year thereafter.			
training.	enter officer receives specialized	$\boxtimes$			Staff receive training specific to main control room duties.			
<ol> <li>Policy restricts state</li> </ol>	aff access to the Control Center.	$\boxtimes$			The main control has an access list posted inside the room, and only those on the list are allowed entry.			
7. Detainees do not	have access to the Control Center.	$\boxtimes$						
8. Communications Center.	are centralized in the Control	$\boxtimes$						
coordinated by continuously staff		$\boxtimes$			The main control room is staffed by (p)(7)(E <sup>e</sup> mployees at all times.			
	nter maintain employee Personal n G-74 or contract equivalent).	$\boxtimes$			A binder is maintained which contains all employees' picture identification to include contract staff and volunteers.			
	ide the current home telephone employee. Phone numbers are ed.	$\boxtimes$						
PM and 6 AM.	n calls every half-hour between 6	$\boxtimes$			Watch or post security checks occur every 30 minutes during the hours of 6 p.m6 a.m.			
situations, and un recorded in perma	t routine procedures, emergency nusual incidents will be continually anent post logs and shift reports.	$\boxtimes$						
14. The front-entranc entering or exiting	e officer checks the ID of everyone the facility.	$\boxtimes$			A thorough identification and search of all persons who enter the facility occurs.			

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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	<b>V/N</b>	Remarks		
15. All visits officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			All visitors are logged in either manually or in the computer via a card swipe scanning system.		
16. The facility has a secure, color-coded visitor pass system.	$\boxtimes$			A color-coded visitor's pass system is utilized at the facility.		
17. Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$					
<ul> <li>18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:</li> <li>The driver's name</li> <li>Company represented</li> <li>Vehicle contents</li> <li>Delivery date and time</li> <li>Date and time out</li> <li>Vehicle license number</li> <li>Name of employee responsible for the vehicle during the facility visit</li> </ul>				A security officer is posted at the receiving dock and inspects all vehicles prior to them entering the secure perimeter of the facility. The officer maintains a log of all of the information required by this standard.		
19. Officers thoroughly search each vehicle entering and leaving the facility.				A thorough search of the entire vehicle, top to bottom, occurs as was witnessed during this inspection.		
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$					
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	$\boxtimes$			(b)(7)(E)		
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	$\boxtimes$					
23. Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$					
24. Housing area searches occur at irregular times.	$\boxtimes$			The facility has a comprehensive search policy that covers all areas of the facility.		
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.	$\boxtimes$			This facility contains direct supervision housing thus staff is in constant contact with detainees.		

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	
26. There are post orders for every security officer post.	$\boxtimes$			All post orders were available and up to date.	
27. Detainee movement from one area to another area is controlled by staff.	$\boxtimes$			No detainee movement occurs without staff escort.	
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	$\boxtimes$			Continuous observation occurs in all areas of the facility to include the outside recreation areas.	
29. Every search of the SMU and other housing units is documented.	$\boxtimes$				
30. The SMU entrance has a sallyport.	$\boxtimes$				
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				All tools and equipment are inspected going in and out of the SMU's.	
<ul> <li>32. The facility has a comprehensive security inspection policy. The policy specifies:</li> <li>Posts to be inspected</li> <li>Required inspection forms</li> <li>Frequency of inspections</li> <li>Guidelines for checking security features</li> <li>Procedures for reporting weak spots, inconsistencies, and other areas needing improvement</li> </ul>				All shifts conduct daily safety/security inspections which are documented and routed through the supervisory staff to the Chief of Security. Additionally, perimeter checks and roof checks occur once per shift.	
<ol> <li>Every officer is required to conduct a security check of his/her assigned area. The results are documented.</li> </ol>	$\boxtimes$			All staff conduct daily checks of their posts.	
34. Documentation of security inspections is kept on file.	$\boxtimes$			All forms and documentation are maintained in the Chief of Security's office.	
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	$\boxtimes$				
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	$\boxtimes$				
<ol> <li>Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.</li> </ol>				All areas are thoroughly searched.	
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	$\boxtimes$				

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.					
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks	
<ul> <li>39. Daily procedures include:</li> <li>(b)(7)(e)</li> <li>Documenting the results.</li> </ul>	$\boxtimes$			(b)(7)(E)	
40. Visitation areas receive frequent, irregular inspections.	$\boxtimes$				
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.				The Chief of Security reviews all of the daily inspections and personally conducts a safety/security inspection of the entire facility once each week.	
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	$\boxtimes$			The Chief of Security and Maintenance Supervisor check all areas of the facility fence and perimeter at least once each month.	
FACILITY SECUR	RITY A		ROL		
🛛 Meets Standard 🛛 🗋 Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	□Repeat Finding	

The facility has a comprehensive set of policies that cover security, safety and perimeter inspections. All issues related to safety, security and/or maintenance issues are immediately documented and routed for review and appropriate action.

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inclu facil	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	<b>N/A</b>	Remarks			
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	$\boxtimes$						
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	$\boxtimes$						
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	$\boxtimes$						
4. (t	$\underline{O(7)(E)}$ officers are present during the processing of detainee funds and valuables during admissions processing to the facility. $\underline{O(7)(E)}$ officers verify funds and valuables.	$\boxtimes$			Funds and valuables that were processed were verified by (b)(7)(E) (b)(7)(E)			
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?	$\boxtimes$						
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	$\boxtimes$						
7.	Staff forward an arriving detainee's medicine to the medical staff.	$\boxtimes$			Medical staff are available 24 hours a day, seven days a week to review a detainee's medicines during intake processing.			
8.	Staff search arriving detainees and their personal property for contraband.							
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	$\boxtimes$						
	Staff follow written procedures when returning property to detainees.	$\boxtimes$			The facility's policy 14-6, Inmate Resident Property, provides procedures for returning property to detainees.			
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	$\boxtimes$						

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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### 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	A/N	Remarks
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility.				
<ul> <li>By sending written notice to the detainee's last known address; via certified mail;</li> </ul>	$\boxtimes$			
<ul> <li>The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>				
<ol> <li>Staff obtain a forwarding address from each detainee.</li> </ol>	$\boxtimes$			A forwarding address is obtained during intake processing.
14. It is standard procedure for (b)(7)(e) to be present when removing/documenting the removal of funds from a detainee's possession.	$\boxtimes$			
15. Staff issue and maintain property receipts (G-589s) in numerical order.	$\boxtimes$			Property receipts were issued and logged in sequential order.
<ol> <li>Staff complete and distribute the G-589 in accordance with the ICE standard.</li> </ol>	$\boxtimes$			
<ol> <li>The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.</li> </ol>	$\boxtimes$			
18. Staff tag large valuables with both a G-589 and an I-77.	$\boxtimes$			All property bags viewed were tagged with both a G-589 and an I-77.
19. The supervisor verifies the accuracy of every G- 589.	$\boxtimes$			
20. The supervisor ensures that:				
<ul> <li>Detainee funds are, without exception, deposited into the cash box;</li> </ul>				
<ul> <li>Every property envelope is sealed.</li> </ul>	$\boxtimes$			
<ul> <li>All sealed property envelopes are placed in the safe.</li> </ul>				
<ul> <li>Large, valuable property is kept in the secured locked area.</li> </ul>				
21. Staff tag every baggage/facility container with an I- 77, completed in accordance with the ICE standard.	$\boxtimes$			
22. Staff secure every container used to store property with a tamper-proof numbered strap.	$\boxtimes$			

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### 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
23. A logbook records detainee name number/detainee-number, baggage-check/ number, security tie-strap number, pr description, date issued and date returned.	í I-77 🛛 🕅			This facility began utilizing the I-77 (baggage check form) in February 2010.
<ol> <li>In SPCs, the Supervisory Immigration Enforce Agent, accompanied by a detention staff m conducts a comprehensive weekly audit.</li> </ol>			$\boxtimes$	CDF facilities are not required to conduct comprehensive weekly audits of funds and personal property. At this facility, only CCA staff conduct the inventories.
25. The Facility Administrator has established quality of baggage and non-valuable proper facility policy, the audits occur each quarter audits are verified and entered in the log.	rty as 📈			Audits of non-valuable property are conducted weekly.
<ol> <li>The facility positively identifies every de being released or transferred.</li> </ol>	tainee 🛛			
<ol> <li>Staff routinely inform supervisors of lost/dar property claims. Claims are properly invest and missing or damaged property claim repo filed.</li> </ol>	tigated 📈			
28. Every lost/damaged property report complete accordance with the ICE standard on an I-3 equivalent). The Facility Administrator rece copy and staff place the original in the deta A-file, retaining a copy in the detainee's det file.	87 (or ives a ainee's tention			
PART 2 - 8. FUN	IDS AND PER	SONAL PI	ROPE	RTY
🛛 Meets Standard 🛛 🗋 Does No	t Meet Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding

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

An audit of baggage and non-valuable property is conducted weekly. The supervisor signs off on each inventory but the form should also have the signature of the person conducting the inventory.

(b)(6), (b)(7)(C) 7/15/2010

Reviewer's Signature / Date

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### 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.	$\boxtimes$			Hold rooms are located within the secure perimeter. Specific locations include receiving, release and medical areas.
2. The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.				The hold rooms are clean, in good repair, well ventilated and activating light switches are located outside the room.
3. The hold rooms contain sufficient seating for the number of detainees held.	$\boxtimes$			
4. No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	$\boxtimes$			No make shift sleeping apparatuses are permitted in facility hold rooms.
5. Hold room walls and ceilings are escape and tamper resistant.	$\boxtimes$			
<ol> <li>Detainees are not held in hold rooms for more than 12 hours.</li> </ol>	$\boxtimes$			A review of the logbook for hold rooms reflect detainees are normally not held in a hold room for more than 12 hours.
7. Male and females detainees are segregated from each other at all times.	$\boxtimes$			
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	$\boxtimes$			
9. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.			$\boxtimes$	Hold rooms contain toilet facilities.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	$\boxtimes$			

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### 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
<ol> <li>When the last detainee has been removed, the hold room is inspected for the following:</li> <li>Cleaning.</li> <li>Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.</li> </ol>		$\boxtimes$		Staff report the holding rooms are inspected when the last detainee has been removed. Observation of hold rooms and supportive documentation does not reflect the same. Administrative personnel revised existing documentation during the time of the inspection to ensure hold room inspections are routinely conducted and such inspections are documented.
<ul> <li>12. (MANDATORY) There is a written evacuation plan.</li> <li>There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.</li> </ul>	$\boxtimes$			The evacuation plan includes the identification of a specific officer post in the intake area who is responsible for ensuring the removal of detainees from hold rooms.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	$\boxtimes$			
<ul> <li>14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area).</li> <li>If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee.</li> </ul>	$\boxtimes$			
<ol> <li>In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are:</li> <li>Compliant with the American Disabilities Act.</li> <li>Small hold rooms (1 to 14 detainees) have at least one combi-unit.</li> <li>Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.</li> </ol>			$\boxtimes$	The facility is not an SPC. Hold rooms do contain stainless steel combination lavatory/toilet fixtures with a partial modesty wall.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			$\boxtimes$	The facility is not an SPC and was designed in 1996/1997. No floor drains are in the hold rooms.

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### 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
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.			$\boxtimes$	The facility is not an SPC. The doors swing outward.
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	$\boxtimes$			Detainees are separated appropriately. No detainees under the age of 18 are placed in a hold room.
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	$\boxtimes$			
<ul><li>20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell.</li><li>The log includes the required information specified</li></ul>	$\boxtimes$			
in the standard.				
21. Officers provide a meal to any detainee detained in a hold room for more than six hours.				Documentation is provided in the
<ul> <li>Juveniles, babies and pregnant women have access to snacks, milk or juice.</li> </ul>	$\bowtie$			logbook to ensure detainees are provided a meal if held for more
<ul> <li>Meal are served to juveniles regardless of time in custody</li> </ul>				than six hours.
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	$\boxtimes$			
23. The maximum occupancy for the hold room will be posted.	$\boxtimes$			Each hold room contains the maximum occupancy level posted.
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	$\boxtimes$			
25. Staff does not permit detainees to smoke in a hold room.	$\boxtimes$			No smoking is allowed in the facility.
26. Officers closely supervise hold rooms through direct supervision, to ensure:				Visual monitoring is conducted and
<ul> <li>Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and</li> </ul>				documented but not at irregular intervals. Existing documentation provided reflected routine time
<ul> <li>Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments."</li> </ul>		$\boxtimes$		recordings such as 4:00, 4:15, 4:30, 4:45, and 5:00. Irregular interval times were not documented. Revisions in policy and forms were
<ul> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul>				implemented during the inspection.
PART 2 – 9. HOLD ROOM	S IN DE	ETENTION	FAC	LITIES

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

The facility maintains several hold rooms for the purpose of temporarily containing detainees while awaiting services or being processed. The hold rooms are secure rooms containing security glass glazing, appropriate seating for the designated occupancy level, proper lighting, ventilation and toilet facilities.

Detainees are not normally held in a holding room for more than 12 hours. Meals are provided for all detainees held in a holding room for more than six hours.

Security inspections of the holding rooms are not consistently completed once the last detainee has been removed and irregular inspections are not consistently conducted and documented. Corrective action was taken by the facility staff during the inspection to ensure consistent enforcement of inspections and appropriate documentation is provided.

(b)(6), (b)(7)(C) 7/15/2010 Reviewer's Signature / Date

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	PART 2 – 10. KEY AND LOCK CONTROL							
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	$\boxtimes$			The Sergeant who operates the armory has attended an approved locksmith training program.			
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$						
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	$\boxtimes$			Key and lock training is provided during the five-week training session conducted for all new staff.			
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			The Armory Sergeant maintains a complete inventory of all facility keys, locks, and locking devices.			
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			The locks are routinely maintained under a preventative program followed by the Armory Sergeant.			
6.	Facility policies and procedures address the issue of compromised keys and locks.	$\bowtie$						
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	$\boxtimes$			(b)(7)(E)			
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.							
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	$\boxtimes$						
10.	The facility does not use grand master keying systems.	$\boxtimes$						
11.	All worn or discarded keys and locks cut up and properly disposed of.	$\boxtimes$			This is addressed in the facility policy.			
12.	Padlocks and/or chains are not used on cell doors.	$\boxtimes$						
13.	<ul> <li>The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to</li> <li>Occupational Safety and Environmental Health Manual, Chapter 3</li> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>	$\boxtimes$						
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.				The operational keyboard is sufficient and located in the (b)(7)(E)			

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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		
15. Procedures in place to ensure that key rings are:				All keys are numbered and are		
Identifiable				sealed so tampering cannot occur		
Numbers of keys on the ring are cited?				and each indicates the total amount of keys each ring holds.		
Keys cannot be removed from issued key rings						
16. Emergency keys are available for all areas of the facility.						
17. The facility uses a key accountability system.	$\boxtimes$			A chit exchange system is utilized.		
18. Authorization is necessary to issue any restricted key.						
19. Individual gun lockers are provided.						
<ul> <li>They are located in an area that permits constant officer observation.</li> </ul>						
<ul> <li>In an area that does not allow detainee or public access.</li> </ul>						
20. The facility has a key accountability policy and				All keys are inventoried three times		
procedures to ensure key accountability. The keys are physically counted daily.				each day.		
21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.						
<ul> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> </ul>	$\boxtimes$					
<ul> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> </ul>						
<ul> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>						
22. Locks and locking devices are continually inspected, maintained, and inventoried.				The Armory Sergeant has a preventive maintenance program for inspecting and maintaining all locks.		
23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	X					
<ol> <li>The designated key control officer is the only employee who is authorized to add or remove a key from a ring.</li> </ol>				Only the key control officer (Armory Sergeant) is allowed to add or remove keys from rings.		
25. The splitting of key rings into separate rings is not authorized.	$\boxtimes$					
PART 2 – 10. KEY AND LOCK CONTROL						

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🛛 Meets Standard 🛛 Does Not Meet Standard 🗌 N/A 🔷 🗌 Repeat Finding	🛛 Meets Standard	🗌 Does Not Meet Standard	□ N/A	Repeat Finding	
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The Armory Sergeant who is responsible for all of the keys and locks is very well organized and all of his paperwork was accurate and complete.

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

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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 conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	$\boxtimes$			Staff completes seven counts each day. The face-to-face picture identification count occurs each morning at 7:30 a.m.		
<ol> <li>Activities cease or are strictly controlled while a formal count is being conducted.</li> </ol>	$\boxtimes$			All activities in the units cease and detainees are required to go to their cells for counting purposes.		
3. There is a system for counting each detainee, including those who are outside the housing unit.	$\boxtimes$			All out counts were completed properly.		
4. Formal counts in all units take place simultaneously.	$\boxtimes$					
5. Officers do not allow detainee participation in the count.	$\boxtimes$					
6. A face-to-photo count follows each unsuccessful recount.	$\boxtimes$					
7. Officers positively identify each detainee before counting him/her as present.	$\boxtimes$					
8. Written procedures cover informal and emergency counts.	$\boxtimes$					
9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	$\boxtimes$			All inmates who are off their posts are maintained as an out-count.		
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	$\boxtimes$			Count procedures are covered during the 5 week new-hire training and during annual in-service.		
PART 2 – 11. PO	PULAT		NTS			
⊠ Meets Standard □ Does Not Meet	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding		

All detainee living areas are double counted by security staff. All detainees who are out of their units are counted by security staff assigned to the area where they are at the time of the count and reported to the main count officer as an outcount. The inspection team verified out-counts were being properly counted from the kitchen and the medical section during this inspection.

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

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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.				Each post visited had a current 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.							
4. One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.							
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	$\boxtimes$			Post orders are reviewed annually by key staff up through the Warden.			
6. The facility administrator authorizes all Post Order changes.	$\boxtimes$						
7. The facility administrator has signed and dated the last page of every section.	$\boxtimes$						
8. A Post Orders master file is available to all staff.	$\boxtimes$						
<ol> <li>Procedures keep Post Orders and logbooks secure from detainees at all times.</li> </ol>	$\boxtimes$			All post orders were secured.			
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	$\boxtimes$						
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	$\boxtimes$			Staff receives training in all post orders during their five-week new- hire training.			
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	$\boxtimes$			All post orders reviewed were signed by staff daily.			
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	$\boxtimes$						
<ul> <li>14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:</li> </ul>							
• (b)(7)(E)							
15. Post Orders for armed posts provide instructions for escape attempts.				Each post order for armed positions included a section on escape and escape attempts.			

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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	
16. The Post Orders for housing units track the daily event schedule.	$\boxtimes$				
<ol> <li>Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.</li> </ol>	$\boxtimes$				
PART 2 – 12. POST ORDERS					
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding					

All of the post orders were detailed and up-to-date, satisfying all requirements of this standard.

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PART 2 – 13. SEARCHES OF DETAINEES						
This Detention Standard protects detainees and staff a controlling, and properly disposing of contraband.	This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.					
Components	<b>Meets Standard</b>	Does Not Meet Standard	N/A	Remarks		
1. There are written policy and procedures governing searches of housing areas, work areas and of detainees.	$\boxtimes$			Facility policy number 9-5 appropriately identifies the policy and procedures governing searches.		
2. Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	$\boxtimes$			The facility policy requires staff to use the least intrusive method of body search.		
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.	$\boxtimes$			The facility search policy requires staff to avoid unnecessary force during searches.		
4. Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	$\boxtimes$					
5. Detainees are pat searched and screened by metal detectors routinely to control contraband.	$\boxtimes$			Observation of operational practice reflected detainees are pat searched and screened by metal detectors on a routine basis.		
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.	$\boxtimes$			Strip searches are conducted based on reasonable suspicion. Searches are documented identifying the cause and proper authorization.		
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.	$\boxtimes$			No body cavity searches were reported during the time period under review.		
8. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures	$\boxtimes$					
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.	$\boxtimes$					
10. Canines are not used in the presence of detainees	$\boxtimes$			Canines are not used at all within the facility.		
PART 2 – 13. SEARCHES OF DETAINEES						

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Meets Standard Does Not Meet Standard N/A Repeat Finding	🖂 Meets Standard	Does Not Meet Standard	🗆 N/A	☐Repeat Finding
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Detainee searches are conducted in a manner consistent with the standard.

Detainees are routinely pat searched and may be subject to a strip search when reasonable suspicion has been established and the search is approved by authorized personnel.

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

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# PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the 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.	$\boxtimes$			Corrections Corporation Policy (CCA) 14-2: Sexual Violence Prevention and Response defines the sexual abuse and assault prevention and intervention program. LOP 1501: Prison Rape Elimination Act further defines the procedures to be followed.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	$\boxtimes$			A Memorandum dated April 7, 2010, from the Field Office Director, approves the updated Sexual Violence and Response policy 14- 2.
3.	Tracking statistics and reports are readily available for review by the inspectors.	$\boxtimes$			Policy 14-2: Sexual Violence Prevention and Response requires recording of statistics in the quality assurance system.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	$\boxtimes$			Policy 14-2: Sexual Violence Prevention and Response requires staff rape prevention and intervention training pre-service and at annual in-service trainings.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	$\boxtimes$			Both the CCA Policy 14-2 and the LOP 1501 require that detainees receive information about the program at intake. The Inmate/Detainee Admission and Orientation Handbook contain a section on Inmate/detainee sexual abuse/misconduct/harassment.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	$\boxtimes$			The Notice is posted on each unit.
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)				The DIHS Medical Orientation and Health Information brochure and a Sexual Assault Awareness brochure is available at intake screening.

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## PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks
<ol> <li>Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.</li> </ol>	$\boxtimes$			Detainees are screened at intake for potential sexual victimization and for high risk assaultive behavior. A history of sexual offenses is also considered in determining classification. Detainees are housed and counseled accordingly.
<ol> <li>All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.</li> </ol>				(b)(7)(e) and allegations of sexual abuse or assault by a detainee on a detainee.
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	$\boxtimes$			(b)(7)(e) and allegations of sexual abuse or assault by staff on a detainee.
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	$\boxtimes$			CCA Policy 14-2: Sexual Violence Prevention and Response requires prompt intervention including initiation of an investigation, referral to health services, and immediate notification of any allegations to the Administrative Duty Officer or the Warden.
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	$\boxtimes$			CCA Policy 14-2: Sexual Violence Prevention and Response requires a thorough investigation and immediate notification of local law enforcement, the County Sheriff.
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	$\boxtimes$			Notification is promptly made.
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.				All victims are sent to the local emergency room so that an outside independent medical evaluation can be provided. The local emergency room may make a referral to a community provider for mental health services.
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.				The statistics are logged and maintained by the facility (b)(7)(e) (b)(7)(e)
SEXUAL ABUSE AND ASSAULT				

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🛛 Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding	
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(b)(7)(e) was interviewed and verbally confirmed the process for response outlined in Policy and Local Operating Procedure. The process was verified by a review of 5 of the 11 case investigation files of cases reported since last July. In all instances the facility followed their policy and procedure, which is consistent with the ICE PBNDS.

(b)(6), (b)(7)(C) 7/15/2010 Reviewer's Signature / Date

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	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Written policy and procedures are in place for special management units.	$\boxtimes$					
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.	$\boxtimes$			A detainee may only be placed in segregation by a Shift Supervisor or higher authority.		
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.	$\boxtimes$					
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.				All detainees who have been assigned to the segregation units are examined/interviewed by a health care provider prior to placement in the unit thus immediate notification occurs in all instances.		
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.	$\boxtimes$					
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	$\boxtimes$					
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	$\boxtimes$					
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.				Each segregation unit maintains three separate logs; a log records all persons visiting the units, a log records all of the units activities, and a log maintained outside each detainee's cell records all detainee activities such as showers, shaving, time out of cell, etc.		

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

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	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated.						
	Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
	Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	$\boxtimes$					
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.	$\boxtimes$					
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	$\boxtimes$			This information is contained in Policy 10-100.		
	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).		$\boxtimes$		Detainees assigned to disciplinary, administrative, or protective custody segregation are all housed in the same unit. Current operational practice does not allow detainees in Administrative Segregation opportunities outside their cells for such activities as socializing, watching TV, playing board games or being assigned to work details.		
16.	Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	$\boxtimes$			Checks are conducted and documented every 30 minutes.		
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	$\boxtimes$					
18.	The facility administrator (or designee) visits each SMU daily.	$\boxtimes$					

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PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets	Does Not Moot	Standard	<b>V/N</b>	Remarks		
19. A health care provider visits every detainee in SMU at least three times a week, and detain are provided any medications prescribed for the In SPCs and CDFs, a nurse, doctor or of appropriate health care professional visits the S at least once each workday and questions ed detainee to identify any medical problems requests. Any action taken is documented separate logbook, and the medical visit is reco on the detainee's SMU Housing Record (For 888).	nees em. other SMU each s or in a rded				Health care providers visit every detainee in SMU daily. These visits are documented.		
<ol> <li>Detainees in SMUs are provided three nutrition adequate meals per day, ordinarily from general population menu.</li> </ol>							
21. Detainees in SMUs may shave and shower t times weekly and receive other basic serv (laundry, hair care, barbering, clothing, bed linen) on the same basis as the general popular	∕ices ding, ⊠						
22. Only for documented medical or mental here reasons are detainees denied such items clothing, mattress, bedding, linens, or a pillow. detainee is so disturbed that he or she is like destroy clothing or bedding or create a disturbar risking harm to self or others, the me department is notified immediately and a region of treatment and control instituted by the me officer.	as Ifa Iy to ance ⊠ dical men dical				Health care providers examine/interview all persons prior to their placement in segregation and they are seen by medical personnel daily thereafter.		
<ol> <li>Detainees in an SMU may write and receive le the same as the general population.</li> </ol>	tters 🖂						
24. Detainees in an SMU ordinarily retain vis privileges.							
25. Adequate documentation was generated for restricted or disallowed general visits for a deta in an SMU who violated visiting rules or wh behavior indicated the detainee would be a th to the security or good order of the visiting roo the past year.	inee nose ⊠ nreat						

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	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	$\boxtimes$			The detainee may have their visitation privileges discontinued if their violation is related to the visitation process. However, legal visits are never suspended.		
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	$\boxtimes$					
28.	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	$\boxtimes$					
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.				All general visitation is non-contact.		
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.	$\boxtimes$					
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.						

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PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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	$\boxtimes$			Access to legal materials is provided in a room outside the segregation unit for use by detainees assigned to this unit.		
their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.						
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.						
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	$\boxtimes$					
<ul> <li>37. Any denial of access to the law library is always:</li> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security, and</li> <li>Fully documented in the SMU housing logbook.</li> <li>ICE/DRO is notified every time law library access is denied.</li> </ul>	$\boxtimes$					
38. Recreation for detainees in the SMU is separate from the general population.	$\boxtimes$			There is a separate recreation yard used for detainees housed in the segregation unit.		
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.				Detainees assigned to the segregation units are allowed one hour of outside recreation, five times a week.		

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	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
segregating Administra	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.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
only if securi Ordina privile writter detain recrea securi author When recrea activity	ecreation privilege is denied or suspended it would unreasonably endanger safety or ty. arily, a detainee is denied recreation ges only with the facility administrator's authorization that documents why the ee poses an unreasonable risk even when ting alone. For an immediate safety or ty situation, the shift supervisor may verbally ize denial of an instance of recreation. a detainee in an SMU is deprived of tion (or any usual authorized items or y), a report of the action is forwarded to the administrator.						
is revi review The r contin	ase of a detainee denied recreation privileges ewed at least once each week, as part of the rs required for all detainees in SMU status. eviewer documents whether the detainee ues to pose a threat to self, others, or facility ty and, if so, why.	$\boxtimes$			The status of all persons housed in the segregation units is reviewed weekly for the first sixty days a detainee is assigned to this unit.		
days admin expec only ir The fa	of recreation privileges for more than 15 requires the concurrence of the facility istrator and the health authority. It is ted that such denials shall rarely occur, and extreme circumstances. acility notifies ICE/DRO when a detainee is a recreation privileges for more than 15 days.						

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	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
segre Adm	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.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	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.	$\boxtimes$			Detainees assigned to protective custody and Administrative Segregation are allowed to access the telephones the same as detainees housed in general population. However, the facility policy stated those assigned to Administrative Segregation would only be allowed to receive two, 15- minute calls on Saturdays. A review of the detainee's activity logs indicated detainees were placing telephone calls daily. Detainees interviewed confirmed they were allowed to place calls daily. During the inspection CCA altered their policy to reflect their current practice.		
	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.)				Facility policy requires a Facility Detention Order be initiated prior to placing a detainee in SMU. A review of six detainee file revealed this was occurring. A copy of the order is given to the detainee within 24 hours.		

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	PART 2 – 15. SPECIAL MANAGEMENT UNITS							
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. 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 to detainee has spent.	$\boxtimes$			All placements of detainees in a segregation unit is accompanied by an Administrative Detention Order/72 Hour Pre-Hearing Review Form (10-100A). An investigation and hearing is conducted within initial 72 hours to continue placement in a segregation unit. A Confinement Committee reviews the housing status of all persons assigned to a segregation unit every seven (7) days for the first Sixty (60) days and every thirty (30) days thereafter.			
	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.	$\boxtimes$						
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	$\boxtimes$			Detainees are allowed to appeal their housing assignment via the grievance procedures. This option is explained in detail in the detainee handbook.			

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

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PART 2 – 15. SPECIA						
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.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).</li> <li>The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.</li> <li>When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.</li> </ul>	$\boxtimes$			Written orders are completed using form I-883. Detainees are notified at least 24 hours in advance of the reasons why they were placed in segregation and whether a disciplinary hearing may be pending. Included in the notice is their availability to call witnesses, right to silence, etc. (form I-892).		
<ul> <li>55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.</li> <li>A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).</li> <li>At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.</li> <li>The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.</li> <li>All review documents are placed in the detainee's detention file.</li> </ul>				The facility uses form 10-100B, Confinement Review Form, in lieu of the I-887. Each of these forms and a summary of the committee's recommendations are routed to the Field Officer Director. Copies of this documentation on 21 detainees was reviewed by this inspector.		
PART 2 – 15. SPECIA						
⊠ Meets Standard □ Does Not Meet	standa	rd 🗌 N	/A	☐Repeat Finding		

The Special Management Units maintain appropriate documentation on each detainee housed in these areas. Health care providers visit these units daily as do case workers. The units house disciplinary segregation, administrative segregation and protective custody detainees all in the same unit, thus those assigned to this area for administrative reasons or protective custody do not receive some of the social activities (TV, games, extra dayroom time) that might otherwise be available if they were housed in a unit without those assigned for disciplinary reasons.

(b)(6), (b)(7)(C) <u>7/15/2010</u> Reviewer's Signature / Date

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## 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.				Documentation provided reflects weekly announced and unannounced visits occur on a regular basis.
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	$\boxtimes$			
3. Scheduled visits are posted in ICE/DRO detainee housing areas.	$\boxtimes$			A list of scheduled ICE visits is posted in the housing units.
4. Visiting ICE staff observe and note current climate and conditions of confinement.	$\boxtimes$			Documentation reviewed reflects current climate conditions were noted.
5. ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.				Detainee Request Forms were observed in the housing units and were being used on a regular basis.
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.	$\boxtimes$			A secure mail box labeled ICE is located in each housing unit for detainee's to submit written requests.
8. Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	$\boxtimes$			ICE personnel are the only staff to have access to the ICE detainee mail boxes.
9. ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log.				A review of the detainee request logbook reflects a documented response is provided within 72 hours of receipt.
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	$\boxtimes$			Notification is provided in the detainee handbook.
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.				OIG Hotline posters were observed in multiple locations throughout the facility.
12. Daily telephone serviceability checks are documented in the housing unit logbook.	$\boxtimes$			Documentation supports that daily serviceability checks are completed by security personnel.

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PART 2 – 16. STAFF-DETAINEE COMMUNICATION					
🛛 Meets Standard	Does Not Meet Standard	□ N/A	Repeat Finding		

ICE personnel are assigned to the facility on a daily basis. Scheduled and unscheduled detainee visits by ICE personnel are conducted on a routine basis.

ICE Request Forms are available, designated mail boxes are provided in each housing unit and ICE personnel review and currently respond to written requests within 72 hours. Appropriate procedures and access policies are identified in the detainee handbook.

(b)(6), (b)(7)(C) 7/15/2010 Reviewer's Signature / Date

	PART 2-17. TOOL CONTROL						
fac	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	X			The facilities' Maintenance Supervisor is responsible for developing and maintaining a tool control procedure and inspection process.		
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	$\boxtimes$					
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	$\boxtimes$			All tools, keys, medical equipment and kitchen equipment are controlled in locked areas, identified via shadow boards; each has a complete accurate inventory.		
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	$\boxtimes$			The chit contains the employee's picture and name.		
5.	<ul> <li>Tool inventories are required for:</li> <li>Facility Maintenance Department</li> <li>Medical Department</li> <li>Food Service Department</li> <li>Electronics Shop</li> <li>Recreation Department</li> <li>Armory</li> </ul>	$\boxtimes$			Each department maintains their own tools and maintains inventories. The Maintenance Supervisor maintains a master copy of all tools.		
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	$\boxtimes$					
7.	<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>	$\boxtimes$			All areas conduct daily inventories and inspections of all tools and equipment. These inspections are documented and maintained.		

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		
<ul> <li>8. The facility has a tool classification system. Tools are classified according to:</li> <li>Restricted (dangerous/hazardous)</li> <li>Non Restricted (non-hazardous).</li> </ul>				All tools are classified as restricted (red) or non-restricted (black).		
9. Department heads are responsible for implementing proper tool control procedures as described in the standard.	$\boxtimes$					
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	$\boxtimes$			All tools inspected were marked and easy to identify.		
<ul> <li>11. The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Tools are stored on shadow boards in which the shadows resemble the tool.</li> <li>Shadow boards have a white background.</li> <li>Restricted tools are shadowed in red.</li> <li>Non-restricted tools are shadowed in black.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.</li> </ul>						
12. Tools removed from service have their shadows removed from shadow boards.	$\boxtimes$					
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.	$\boxtimes$					
<ol> <li>Each facility has procedures for the issuance of tools to staff and detainees.</li> </ol>	$\boxtimes$			Detainees are not issued tools.		
<ul> <li>16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:</li> <li>Verbal and written notification.</li> <li>Procedures for detainee access.</li> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>						
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				The policy addresses the disposal of worn or broken tools.		

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		
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.	$\boxtimes$			All tools being brought into the facility by a contract vendor are inventoried at the facility entrance. In addition, security staff inventory tools when taken into and out of a unit. When the vendor departs the area the tools are inventoried again at the entrance.		
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.				Scissors are locked in the office area which is staffed continuously. Scissors are used to remove flexible cuffs but are not tethered to a table or counter when in use.		
PART 2-17. 1						
🛛 Meets Standard 🛛 🗋 Does Not Meet	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding		

The Maintenance Supervisor and his staff have complete and accurate inventories of all tools. All procedures outlined in the policy related to tools and tool control is being adhered to. In April 2010, a whisk was discovered missing from the kitchen. All areas were secured and detainees were locked down in place while a systematic search of all affected areas occurred immediately, to include searching the detainees. A review of the incident report found all policies were followed and all safety/security concerns were addressed although the whisk was never found.

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	PART 2 – 18. USE OF FORCE AND RESTRAINTS						
res	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.				Policy 9-1, Use of Force, covers all force issues.		
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.	$\boxtimes$			Policy dictates staff will try and eliminate the threat without force to include seeking assistance from the ICE personnel on site. Staff reports a number of potential force events have been de-escalated by ICE staff speaking with the detainee concerning their deportation case/status.		
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	$\boxtimes$					
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	$\boxtimes$			Supervisory staff and health care personnel are consulted prior to force being used in all calculated force situations.		
6.	<ul> <li>When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique.</li> <li>Under staff supervision.</li> </ul>				The facility trains all staff in the Use-Of-Force Team Technique.		
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.						
8.	All use-of-force incidents are documented and reviewed.				All force events are documented via a Use of Force After-Action Review Report which is reviewed by the CCA chain of command, ICE and the Public Health Service personnel.		
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.	$\boxtimes$			All incidents are video recorded and properly documented. A review of four force incidents was completed and the documentation was thorough and met all of the components of this standard.		

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
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Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
<ul> <li>10. Staff:</li> <li>Does not use force as punishment.</li> <li>Attempts to gain the detainee's voluntary cooperation before resorting to force</li> <li>Uses only as much force as necessary to control the detainee.</li> <li>Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.</li> </ul>	$\boxtimes$					
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	$\boxtimes$					
<ol> <li>(MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).</li> </ol>				All staff are trained to avoid force if possible; however, if force is necessary, only that force which is necessary will be applied. Techniques to prevent or diminish injuries and avoid communicable disease(s) are taught during staff's initial training and are also covered in the facilities' annual in-service training.		
<ul> <li>13. Standard procedures associated with using four/five point restraints include:</li> <li>Soft (nylon/leather) restraints.</li> <li>Dressing the detainee appropriately for the temperature.</li> <li>A bed, mattress, and blanket/sheet.</li> <li>Checking the detainee at least every 15 minutes.</li> <li>Logging each check.</li> <li>Repositioning detainee often enough to prevent soreness or stiffness.</li> <li>Medical evaluation of the restrained detainee twice per eight-hour shift.</li> <li>When qualified medical staff are not immediately available, staff position the detainee "face-up."</li> </ul>			$\boxtimes$	This facility does not employ four/five point restraints nor do they use a (b)(7)(E)		

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul><li>14. The shift supervisor monitors the detainee's position/condition every two hours.</li><li>He/she allows the detainee to use the restroom at these times under safeguards.</li></ul>			$\boxtimes$	Four/five point restraint techniques are not used at this facility.		
15. All detainee checks are logged.				Four/five point restraint techniques are not used; thus, these checks do not occur.		
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	$\boxtimes$					
<ul> <li>17. When the Facility Administrator authorizes use of non-lethal weapons:</li> <li>Medical staff are consulted before staff use (b)(7)(E) non-lethal weapons.</li> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>	$\boxtimes$			Medical staff are consulted prior to any calculated force events regardless of whethe (b)(7)(E) pr a non-lethal weapon is being deployed.		
<ol> <li>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.</li> </ol>				These items are stored in the armory. Supervisors, assistant- supervisors and transportation staff carry (b)(7)(E) on their person while on duty.		
<ol> <li>If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.</li> </ol>				No intermediate weapons or sprays are maintained in the SMU's.		
<ul><li>20. Special precautions are taken when restraining pregnant detainees.</li><li>Medical personnel are consulted</li></ul>	$\boxtimes$			Policy 9-18, Transportation Procedures, states that pregnant detainees will never be restrained.		
21. Protective gear is worn when restraining detainees with open cuts or wounds.	$\boxtimes$					
22. Staff document every use of force, including what type of restraints was used during the incident.				This information is contained in the individual reports that become part of the use of force packet that is reviewed by the CCA chain of command, ICE and the health care personnel.		
23. It is standard practice to review any use of force and the non-routine application of restraints.	$\boxtimes$					

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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	<b>V/N</b>	Remarks		
<ul> <li>24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.</li> <li>Specialized training is given to officers ensuring they are certified in all devices approved for use.</li> </ul>				All officers receive use of force training during the five-week new- hire training course and during annual in-service training.		
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.	$\boxtimes$			Staff receives the appropriate training and is re-certified each year. All training records are accurate and up-to-date.		
26. The use of canines is restricted to contraband detection purposes only.				The facility has a Detection Canine Program Policy that restricts use of canines to search for contraband. However, the facility reports they have had no canine units inside the facility during this reporting period.		
27. The officers are thoroughly trained in the use of soft and hard restraints.	$\boxtimes$			Staff receives training in hard and soft restraints to include flexible cuffs.		
28. <u>In SPCs.</u> the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	$\boxtimes$			An after action review report is used for all force events.		
PART 2 – 18. USE OF F	ORCE	AND RES	TRAI	NTS		
⊠ Meets Standard   □ Does Not Meet \$	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding		

Files from four uses of force incidents were reviewed and each file was found to be thorough, complete and met all of the components of this standard. Staff receives the following force and force avoidance training during their five-week newhire training course: Use of Force Inmate Communications, Use of Restraints, Inmate Problem Solving, Use of Restraints-Part 2, (b)(7)(e) Disturbance Control, Video Camera Operations, Pressure Point Control Tactics (PPCT). Annual in-service includes; Use of Force, Use of Restraints, Forced Cell Moves, Video Camera Operations, and PPCT practices. Movement of all persons assigned to the SMU's requiring the presence of (b)(7)(E) staff for safety purposes.

(b)(6), (b)(7)(C) 7/15/2010

Reviewer's Signature / Date

**Performance-Based National Detention Standards** 

# Section III ORDER

**19 Disciplinary System** 

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	PART 3 – 19. DISCIPLINARY SYSTEM						
co	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.	$\boxtimes$			Policy 15-100 covers detainee disciplinary issues.		
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	$\boxtimes$					
3.	Written rules prohibit staff from imposing or permitting the following sanctions:						
	corporal punishment						
	deviations from normal food service						
	clothing deprivation						
	bedding deprivation	$\boxtimes$					
	<ul> <li>denial of personal hygiene items</li> </ul>						
	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.	$\boxtimes$			Orientation videos and handbooks are provided to all detainees during the in-take process covering listed items.		
5.	<ul> <li>The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:</li> <li>Rights and Responsibilities</li> <li>Prohibited Acts</li> <li>Disciplinary Severity Scale</li> <li>Sanctions</li> </ul>	$\boxtimes$			All of this information is contained in the detainee handbook which is provided to each detainee and is available in English, Spanish or Chinese.		
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	$\boxtimes$			Policy dictates minor transgressions be handled informally and by mutual consent.		
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	$\boxtimes$			All reports are reviewed through the chain of command.		
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	$\boxtimes$					

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PART 3 – 19. DISCIPLINARY SYSTEM							
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
9. An intermediate disciplinary process is used to adjudicate minor infractions.	$\boxtimes$						
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:							
<ul> <li>Conducts hearings on all charges and allegations referred by the UDC</li> </ul>							
<ul> <li>Considers written reports, statements, physical evidence, and oral testimony</li> </ul>	$\boxtimes$			A review of the disciplinary files revealed these components were in			
<ul> <li>Hears pleadings by detainee and staff representative</li> </ul>				compliance.			
<ul> <li>Bases its findings on the preponderance of evidence</li> </ul>							
<ul> <li>Imposes only authorized sanctions</li> </ul>							
11. A staff representative is available if requested for a detainee facing a disciplinary hearing				Per policy 15-100, staff assistance is available upon request by detainees.			
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				Policy allows for delays and each is documented and becomes part of the disciplinary record.			
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".				Policy 15-100 includes instructions related to the use and disclosure of confidential information that meets the standard requirements.			
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$						

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PART 3 – 19. DISCIPLINARY SYSTEM							
🛛 Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding				

All disciplinary files reviewed were in order and complied with the components of this standard. The disciplinary policy is detailed and is being followed by staff. Numerous interactions between CCA staff, ICE personnel and the detainees were witnessed during this inspection and it is evident staff are making a concerted effort to address and resolve detainee issues before they escalate into a use of force incident.

(b)(6), (b)(7)(C) 7/15/2010 Reviewer's Signature / Date

# **Section IV CARE**

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

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	PART 4 – 20. FOOD SERVICE						
	s Detention Standard ensures that detainees are p sented in a sanitary and hygienic food service operation		a nutritio	onally	balanced diet that is prepared and		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The Food Service Administrator (FSA) has been certified by the ServSafe program. The FSA determines the responsibilities of the food service staff. The responsibilities of the cooks and cook foreman are in writing.		
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	$\boxtimes$			(b)(7)(Assistant FSAs provide coverage when the FSA is off duty.		
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	$\boxtimes$					
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	$\boxtimes$			Knives are not utilized at this facility and there is no knife cabinet. Dough cutters are utilized instead of knives. The dough cutters are maintained behind anb)(7)(E), (b)(7)a (b)(7)(E) Food service is contracted so the kitchen (b)(7)(E) (b)(7)(E) Keys are inventoried and stored in accordance with the appropriate standard.		
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	$\boxtimes$			Knives are not utilized at this facility. The dough cutters are (b)(7)(E) when in use. Staff monitors the condition of dough cutters and dining utensils.		
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	$\boxtimes$					
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$					
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff is trained in count procedures.	$\boxtimes$			Food service is provided by contract and the contractors do not participate in population counts. The FSA does monitor population count procedures to ensure support for security personnel. (b)(7)(E) correctional officers conduct the counts. The count procedures are notated in the post orders.		

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PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are presented in a sanitary and hygienic food service operation		a nutritio	onally	balanced diet that is prepared and		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. (MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	$\boxtimes$			A daily hygiene check of detainees and staff is conducted and documented for each shift.		
<ol> <li>The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to- date.</li> </ol>	$\boxtimes$					
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$					
<ul> <li>12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates:</li> <li>Safe work practices and methods.</li> <li>Safety features of individual products/ pieces of equipment.</li> <li>Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>						
13. The Cook Foreman documents all training in individual detainee detention files.		$\boxtimes$		One training file is used to document training instead of individual detainee detention files. Upon completion of each training session the detainees sign off on the same form documenting their participation.		
<ol> <li>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.</li> </ol>	$\boxtimes$					
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	$\boxtimes$					
<ol> <li>For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.</li> </ol>				Satellite feeding is utilized at this facility.		
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	$\boxtimes$					

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PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are p presented in a sanitary and hygienic food service operation		l a nutritio	onally	balanced diet that is prepared and	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re- certified by the registered dietician in that event.				The registered dietitian approved the master cycle menu and dietary menu.	
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	$\boxtimes$				
<ul> <li>20. The Cook Foreman has the authority to change menu items if necessary.</li> <li>If yes, documenting each substitution, along with its justification, with copy to the FSA</li> </ul>	$\boxtimes$				
21. All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$				
<ul> <li>22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.</li> <li>Changes to the planned Common Fare menu can be made at the facility level.</li> <li>Hot entrees are offered three times a week.</li> <li>The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).</li> <li>Staff routinely provide hot water for instant beverages and foods. <ul> <li>Common Fare meals are served with:</li> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.</li> </ul>	$\boxtimes$			Instant beverages and foods are not provided. Hot entrees are provided more than three times a week. Disposable plates and utensils are utilized at this facility for the common fare program.	
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.	$\boxtimes$			The Chaplain is the only approving official for removal of a detainee from the Common Fare Program.	

PART 4 – 20.	FOOD	SERVICE		
This Detention Standard ensures that detainees are p presented in a sanitary and hygienic food service operation		l a nutritic	onally	balanced diet that is prepared and
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	$\boxtimes$			The annual ceremonial schedule is approved by the Chaplain, Associate Warden of Programs, and Food Service Administrator.
<ul> <li>26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> </ul>	$\boxtimes$			
<ul> <li>Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher- for- Passover meals as those who do participate.</li> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>				
27. The food service program addresses medical diets.	$\boxtimes$			
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.	$\boxtimes$			Medical staff and the safety officer conduct food temperature checks during their inspections.
30. All meals provided in nutritionally adequate portions.	$\boxtimes$			
31. Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$			
<ul> <li>32. The food service staff instruct detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food, and;</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>				
33. Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$			

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	PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are presented in a sanitary and hygienic food service operation		d a nutritio	onally	balanced diet that is prepared and		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	$\boxtimes$			Written procedures are in affect for weekly inspections. Safety and food service staff maintains files of each weekly inspection they conduct. Medical maintains a file of the inspections they conduct on a monthly basis.		
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.						
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.				Temperature checks of the dishwashing machine were posted and current.		
<ol> <li>(MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.</li> </ol>				Log checks are maintained next to the refrigerators and freezers where the temperatures are recorded.		
<ol> <li>The cleaning schedule for each food service area is conspicuously posted.</li> </ol>						
<ol> <li>Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.</li> </ol>	$\boxtimes$					
40. Storage areas are locked when not in use.	$\boxtimes$					
41. Food service personnel conduct shakedowns along with detention staff.	$\boxtimes$					
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			$\boxtimes$	ICE officers are not required to participate in dining room supervision at CDF facilities. At this facility ICE Officers, the Deportation Officer, and Immigration Enforcement Agents do walk throughs of food service to observe and maintain open communications with detainees.		
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.						

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PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are p presented in a sanitary and hygienic food service operation		a nutritio	onally	balanced diet that is prepared and		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
44. <u>In SPCs only:</u> the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.			$\boxtimes$	Quarterly cost estimates for the Common Fare Program are not required to be maintained at a CDF facility. At this facility the food service is contracted out and the contract is all inclusive of costs to meet the needs of the food service operation.		
45. When required, only food service staff prepare the sack lunches for detainee transportation.	$\boxtimes$					
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	$\boxtimes$					
47. Staff comply with the ICE requirements for "food receipt and storage.	$\boxtimes$					
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.						
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	$\boxtimes$					
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				Detainees eat their meals in the common area of the housing units. Trays are picked up after the last detainee finishes his/her meal.		
<ul> <li>51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.</li> <li>Corrective action is taken on deficiencies, if any.</li> </ul>	$\boxtimes$			The County of San Diego Department of Environmental Health conducted an inspection on May 13, 2010. Corrective actions were taken immediately.		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	$\boxtimes$					
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.						
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.				Eco Lab Pest provides monthly pest control and is available as needed.		

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

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

Meals are provided to detainees by satellite feeding. The carts do not have locking devices but, are escorted from food service to the housing units by staff.

(b)(6), (b)(7)(C) / 7/15/2010 Reviewer's Signature / 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.	$\boxtimes$			Chapter 8:14 Hunger Strike requires staff to make a hunger strike referral of a detainee who has refused food or observed to have not eaten for 72 hours.		
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	$\boxtimes$			Chapter 8:14 Hunger Strike requires immediate action in reporting to the Officer in Charge who reports to ICE.		
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			Chapter 8:14 Hunger Strike and the Managing Hunger Strikes training module give directions to staff regarding the requirement on how to respond immediately and appropriately to a hunger strike.		
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	$\boxtimes$			Chapter 8:14 requires that staff isolate a detainee hunger striker.		
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	$\boxtimes$			Standard Operating Procedure (SOP) 8:14 authorizes medical personnel to place a detainee in the medical unit.		
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	$\boxtimes$			Chapter 8:14 and the Managing Hunger Strikes training module require that medical staff record the weight and vital signs of a detainee hunger striker at least once every 24 hours.		
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	$\boxtimes$			The PHS Operations Manual Chapter 8:14: Hunger Strike and SOP 8:14: Hunger Strike requires that medical staff obtain detainee hunger strikers consent prior to medical treatment.		
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, of)(7)(Staff/provider signatures indicating detainee refusal to sign form.	$\boxtimes$			The DIHS Policy and Procedure Operations Manual, Operating Procedure 8:14 Hunger Strike requires a signed refusal of treatment form of every detainee who rejects treatment(b)(7)(E\$taff members always witness the signature or refusal for any refused medical treatment.		

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PART 4 – 21. H	UNGE	R STRIKE	S	
This Detention Standard protects detainees' health and we treating any detainee who is on a hunger strike.	ell-bein	g by monit	toring,	counseling and, when appropriate,
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.</li> </ol>	$\boxtimes$			The DIHS Policy and Procedure Operations Manual, Operating Procedure 8:14 Hunger Strike requires that the detainee hunger- striker receives regular meals and that they are documented.
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	$\boxtimes$			The DIHS Policy and Procedure Operations Manual, Operating Procedure 8:14 Hunger Strike requires staff to maintain a supply of drinking water and/or other beverages to the detainee hunger striker.
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	$\boxtimes$			The PHS Operations Manual Chapter 8:14 requires the removal of all food items from the hunger strikers living area.
<ol> <li>Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.</li> </ol>	$\boxtimes$			The PHS Operations Manual SOP 8:14 Hunger Strike, requires the use of the Hunger Strike Monitoring Form DIHS-839 to record the detainee hunger striker's fluid intake and food consumption.
<ol> <li>The medical staff have written procedures for treating hunger strikers.</li> </ol>	$\boxtimes$			The DIHS Policy and Procedure Operations Manual, and the Managing Hunger Strikes Training Manual include written procedures for treating hunger strikers.
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	$\boxtimes$			The DIHS Policy and Procedure Operations Manual, and Operating Procedure 8:14 Hunger Strike requires that attempts are made to persuade the hunger striker to accept treatment by explaining the consequences of refusal.
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				The DIHS Policy and Procedure Operations Manual, and Managing Hunger Strikes Training module is used to train all staff during orientation and at annual in-service training. The training module defines hunger strike, explains referral practices, and describes appropriate medical management practices.

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PART 4 – 21. HUNGER STRIKES					
⊠ Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding		

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

The facility policies meet all applicable requirements of the ICE Hunger Strike standard. There were no detainee hunger strikes since the last inspection so practical application of the policy and procedures of the facility could not be ascertained.

(b)(6), (b)(7)(C) / 7/15/2010 Reviewer's Signature / Date

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	PART 4 – 22. MEDICAL CARE						
	s Detention Standard ensures that detainees have vention and health education, so that their health care						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	$\boxtimes$			The facility maintains American Correctional Association Accreditation, National Commission on Correctional Health Care accreditation, and Joint Commission on Health Organizations accreditation for its ambulatory health care operations; Joint Commission accreditation is being sought for its in-patient mental health beds.		
2.	The facility's in-processing procedures of arriving detainees include medical screening.				Within hours of admission, the health services staff performs initial medical screening. All charts reviewed supported timely intake screening.		
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.				The facility sufficiently performs the mission and provides the required scope of services. The staffing plan provides for a Health Services Administrator (HSA) and $(b)(7)(E)$ Assistant HSA's(b)(7)(E)Nurse Practitioners and Physician Assistants(b)(7)(E)Nurse Practitioners and Physician, $(b)(7)(E)$ contractual psychiatrists, $(b)(7)(E)$ full-time and $(b)(7)(E)$ part-time Registered Nurses, $(b)(7)(E)$ full-time and $(b)(7)(E)$ part-time Licensed Vocational Nurses(b)(7)(E) contactual psychiatric registered nurse manager)(6), $(b)(7)(E)$ psychiatric Registered Nurses; $(b)(7)(E)$ full-time and $(b)(7)(E)$ psychiatric Registered Nurses; $(b)(7)(E)$ psychiatric Registered Nurses; $(b)(7)(E)$ psychiatric Licensed Vocational Nurse(b)(7)(E) dentists(b)(7)(E) psychologists(b)(7)(E) dentists(b)(7)(E) dentists(b)(7)(E		

	PART 4 – 22. MEDICAL CARE					
	s Detention Standard ensures that detainees have vention and health education, so that their health care					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	$\boxtimes$			The facility Inmate/Detainee Admission and Orientation Handbook is handed out to detainees at intake in English, Spanish, or Chinese. The handbook contains instructions on how to access health care. In addition, the detainees are provided a video that describes how they can access services as they go through the intake process. Interviews with 12 detainees supported that the facility had provided them with information on how to access health services in their native language orally and in writing.	
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	$\boxtimes$			The facility is staffed 24 hours per day, 7 days per week with medical personnel to handle emergencies. Dental and mental health staff is on call should the need for their services arise.	
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	$\boxtimes$			New staff receive tuberculosis tests and are offered hepatitis A and B vaccines.	
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	$\boxtimes$			Position descriptions are on record for all positions and copies of professional licenses are maintained in individual personnel files. All providers are required to be licensed, certified, credentialed or registered consistent with California requirements.	
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	$\boxtimes$			The facility distributes a copy of the handbook at admittance. The handbook contains procedures for accessing health services. It is available in English, Spanish, and Chinese. Detainee Interviews supported distribution of the manuals.	

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PART 4 – 22.	PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have prevention and health education, so that their health care							
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks			
<ol> <li>In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.</li> </ol>	$\boxtimes$			The credentialing and verification of medical personnel complies with NCCHS and Joint Commission Standards. The facility is accredited by both agencies.			
<ul> <li>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.</li> <li>When screening is performed by a detention officer, the facility maintains documentation of the officer's special training.</li> </ul>	$\boxtimes$			All detainees receive a screening by a qualified health provider within 12 hours of admission to the facility. Health record review indicated compliance with this requirement.			
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.				The facility Local Operating Procedure (LOP) 803, requires that detainees with a primary language other than English be accommodated through a language line translation service. Staff report using the line as needed for communication at intake, for sick call, and for chronic care clinics. There is a telephone in each treatment room in the main health care area and in each treatment room in the pods that is used to call the language line when necessary.			

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			
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				The facility has sufficient space and equipment to afford each detainee privacy when receiving health care. The facility has four treatment rooms, one of which doubles as the emergency triage room; all rooms are adequately equipped. There is a dental clinic with one operatory. The facility has a 40- bed in-patient unit with eight beds devoted to medical care and 32 devoted to inpatient mental health care. There are two holding areas for prisoners awaiting treatment and various offices for administrators and mental health staff. There is a large nursing station and rooms adjacent for medical records, sharps inventory, and clean supplies. The treatment rooms are separated by solid walls and have doors. Screens are available to place in front of the windows to maintain privacy.			
<ol> <li>The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.</li> </ol>	$\boxtimes$			The medical facility has its own restricted-access area located within the confines of the secure perimeter.			
14. The medical facility entrance includes a holding/waiting room.	$\boxtimes$			Immediately upon entering the hallway that runs through health care there are two holding cells.			
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.				The holding rooms are under the direct supervision of an officer stationed in the hallway.			
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.				There is both a toilet and drinking fountain in both waiting areas			
<ul> <li>17. Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				The facility uses the Care Tracker electronic health records. Paper documents that must be obtained such as signature sheets and intake assessments are scanned into the electronic health record.			

	PART 4 – 22. MEDICAL CARE						
	Detention Standard ensures that detainees have vention and health education, so that their health care						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	$\boxtimes$			The facility uses a DIHS-793, Medical Consent Form to obtain consent from a detainee prior to any administered treatment.		
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			The DIHS 813 is used to authorize the release of confidential medical information to outside sources.		
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	$\boxtimes$			Facility staff report advance notice of release, transfer, or removal on a written form that allows them to prepare necessary health information prior to transfer.		
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	$\boxtimes$			Detainee medical records are transferred as appropriate and all detainees are transferred with a copy of their transfer summary.		
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."	$\boxtimes$			All medical records are placed in a sealed envelope labeled with the detainee's name, A-number, and are marked "MEDICAL CONFIDENTIAL."		
23.	Medical screening includes a Tuberculosis (TB) test.				Detainees receive an intake chest x-ray and results are returned through a teleradiology system prior to the detainee being given a permanent cell assignment.		
	<ul> <li>All detainees receive a mental-health screening upon arrival. It is conducted:</li> <li>By a health care provider or specially trained officer;</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>	$\boxtimes$			All detainees receive a mental health screening at intake by a qualified health professional.		
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	$\boxtimes$			The health care provider promptly reviews the intake screening information and schedules any needed care.		
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.	$\boxtimes$			Chapter 8: Medical, requires that the facility health care provider conducts a health appraisal within 14 days of arrival. Health record review indicated full compliance with this requirement.		

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	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		
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	$\boxtimes$			Detainees are seen once daily on medical rounds, in addition to any scheduled medication pass or other scheduled call out. Sick call is performed daily by going to the door and recording any health care requests. Detainee care is either provided on the Pod in the health care treatment room or care is scheduled with an appropriate provider.		
28.	<ul> <li>Staff provide detainees with health- services (sick call) request slips daily, upon request.</li> <li>Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population.</li> <li>Service-request slips are delivered in a timely fashion to the health care provider.</li> </ul>	$\boxtimes$			The facility has recently changed its sick call process so that sick call is performed on the Pod, face to face at cell side while the nurse fills out the DIHS-600, Sick Call Triage Form, which becomes the detainees request for medical treatment. Detainees are triaged and immediately treated by the nurse or scheduled to see an appropriate provider. This practice has improved timely access to care and is seen as a significant improvement in quality of care. The system is being piloted under a provisional sick call policy while the process is being tested.		

	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 personnel are always on- site. However, the DIHS Policy and Procedure Operations Manual, Operating Procedure 8:10 Emergency Services, defines practices to be implemented in case of medical emergency. The facility LOP: Notification of On-Call Providers sets parameters for when the on-call providers should be called. LOP: Off-site Treatment Authorization Referral Urgent/Emergent establishes procedures or accessing community providers in the case of emergency beyond the scope of the facility. When immediate outside medical attention is required, a 911 call is made and the on-call provider is notified.			
30.	The plan includes an on-call provider.	$\boxtimes$			The plan includes contacting an on- call medical provider if necessary.			
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	$\boxtimes$			The plan includes a list of telephone numbers for local ambulances and hospital services.			
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	$\boxtimes$			The plan includes procedures for staff to utilize emergency health care consistent with security and safety.			
	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	$\boxtimes$			The facility's Medical Emergency Response Training Guide requires all detention and health care personnel to be trained to be first responders and to properly use emergency equipment. The emergency equipment is kept in the health care area and taken to the scene by the medical emergency response team.			
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	Only nurses distribute medications.			

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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			
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	$\boxtimes$			The pharmaceuticals and non- prescription medications are stored, inventoried, dispensed and administered in accordance with sound pharmacy and nurse practice standards and facility need for safety and security. Controlled medications are triple locked. Inventory sheets are maintained according to policy and state requirements.			
<ul> <li>36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include:</li> <li>A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.</li> <li>A method for obtaining medicines not on the formulary.</li> <li>Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed.</li> <li>Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.</li> <li>Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.</li> </ul>	$\boxtimes$			Chapter 11: Pharmacy of the facility ICE Performance Manual requires the use of the DIHS formulary available in hard copy and on the DIHS website. Section 11.5.2 outlines the process for obtaining authorization for non-formulary medications. LOP 1105: Medication Refills requires chart review prior to medication renewal. LOP 1109: Controlled Substance Record requires a perpetual inventory be kept of all controlled substances. LOP 1110: Use of Prescription Form HIS 17-3 indicates that all prescriptions must be co-signed by a doctor. LOP 1115: Storage and Inspection of Medication and LOP 1116: Outdated Medication indicates the proper methods for secure storage and perpetual inventory. There is secured storage of controlled substances in a double-locked wall box within the secured pharmacy area. There is perpetual inventory of all controlled substances. LOP 703: Sharps Management Plan requires the systematic inventory of medical sharps and medical tools.			

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		
<ul> <li>37. All pharmaceuticals are stored in a secure area with the following features:</li> <li>A secure perimeter;</li> <li>Access limited to authorized medical staff (never detainees);</li> <li>Solid walls from floor to ceiling and a solid ceiling;</li> <li>A solid core entrance door with a high security lock (with no other access); and</li> <li>A secure medication storage area.</li> </ul>	$\boxtimes$			Pharmaceuticals are stored in a central secured pharmacy within the secure perimeter with access limited to (b)(7)(E) (b)(7)(E) There are solid walls from floor to ceiling and a (b)(7)(E) no other access.		
<ul> <li>38. In SPCs and CDFs, the pharmacy has a locking pass-through window.</li> <li>Administration and management in accordance with state and federal law.</li> <li>Supervision by properly licensed personnel.</li> <li>Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent.</li> <li>Accountability for administering or distributing medications in a timely manner and according to physician orders.</li> </ul>				There is no pass through window since medications are not dispensed directly from the pharmacy to inmates. The door may not be altered to include a pass-through since it is leased from the County. The pharmacy is under the control of a pharmacist. All medications are distributed by nursing staff. The facility uses a standard medical administration record to record the timely administration of prescribed medications to prisoners. The facility does allow keep-on-person medications for those detainees that are capable of safe self- administration of routine medications.		
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.	$\boxtimes$			A standard medication administration record is used. When the monthly sheets are completed, they are scanned into the electronic health record for maintenance.		

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PART 4 – 22.	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.						
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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ul> <li>40. Medication may not be delivered or administered by detainees.</li> <li>In facilities that are medically staffed 24 hours a day, the health care provider distributes medication.</li> <li>In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty.</li> </ul>				Medications are only distributed by nursing staff.			
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			$\boxtimes$	Only nurses distribute medications.			
42. The Warden/Facility receives notification that a detainee that has special medical needs.				Local Guideline, Special Needs Form DIHS 819 requires documentation of special medical needs of detainees. The Special Needs and Close Medical Supervision Notification Plan requires notification of the facility administrator when a special medical need is identified.			
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				The DIHS Policy and Procedure Operations Manual, Procedure 8.9 provides for referral to off-site independent medical specialists.			

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	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
44.	<ul> <li>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:</li> <li>Coordination with public health authorities;</li> <li>Ongoing education for staff and detainees;</li> <li>Control, treatment, and prevention strategies;</li> <li>Protection of individual confidentiality;</li> <li>Media relations;</li> <li>Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and</li> <li>Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations.</li> </ul>	$\boxtimes$			Facility SOPs 8.12: Surgical Site Infections, 8.13: Infectious Disease Surveillance and 8.25: Management of Varicella and Shingles, LOP 713: Blood-borne Pathogen Post Exposure Plan and their Pandemic Influenza Response Plan require appropriate control, treatment and prevention strategies. Management of tuberculosis, reporting and surveillance includes coordination with public health authorities. The H1N1 New Intake Screening Appendix addresses new procedures for pre-screening detainees to determine possible H1N1 infection and to take appropriate action to management the illness.		
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	$\boxtimes$			The DIHS Infection Control Manual requires isolation of detainees with infectious diseases where medically indicated.		
	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	$\boxtimes$			Chest x-rays are the primary screening mechanism for tuberculosis screening. Detainees are housed separate from the general population until the teleradiology report comes back within approximately 4 hours.		
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	$\boxtimes$			Detainees with positive chest x-rays are transferred to the local hospital for placement in a negative pressure room.		

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	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.				SOP 808, Referrals to DIHS Medical Referral Centers or SPC's, describes the transfer and transport of detainees for medical purposes. The SOP, Off-Site Treatment Authorization Referral Urgent/Emergent reference sheet describes the facility's system for timely transport using facility vehicles, or ambulance services as required for medical need.		
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.				The DIHS SOP 8.18 Short Stay Unit requires a care plan approved by a licensed medical provider for every detainee on the unit.		
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.				Facility LOP 809: Screening and Referral of Pregnant Detainees, provides that women have early pregnancy detection and are referred for proper care.		
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				Facility SOP 8.6: Chronic Care Clinics requires detainees with chronic illnesses be seen as often as necessary, but at least every two weeks. Hypertension and diabetes are two of the eight regularly scheduled chronic care clinics.		
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	$\boxtimes$			Local Guidelines, Special Needs Form DIHS 819 addresses. The Detainee Special Needs Form identifies needs for special housing or any transfer or transport needs.		
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	$\boxtimes$			DIHS SOP 9: Dental defines dental services consistent with this standard. The facility employs()(7)(E) dentists to provide routine dental care and access to off-site providers is available for any detainee requiring service that cannot be provided on-site.		

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	PART 4 – 22. MEDICAL CARE						
	Detention Standard ensures that detainees have vention and health education, so that their health care						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	$\boxtimes$			DIHS SOP 15: Mental Health requires referral of detainees with mental health issues to an appropriate mental health provider for detection, diagnosis, treatment and/or stabilization to prevent deterioration while confined.		
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	$\boxtimes$			DIHS SOP 15.7: Urgent/Crisis Management, requires crisis intervention services are available for detainees who experience acute mental health episodes.		
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	$\boxtimes$			LOP 802: Privacy of Care and Patient Confidentiality requires all exams, interviews and procedures be conducted in settings that respect patient privacy. Detainees are provided same sex chaperones.		
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.	$\boxtimes$			The comprehensive mental health evaluation is documented in the electronic health record. The evaluation was present in all health records reviewed.		
58.	<ul> <li>(MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify:</li> <li>The conditions under which restraints may be applied;</li> <li>The types of restraints to be used;</li> <li>How a detainee in restraints is to be monitored;</li> <li>The length of time restraints are to be applied;</li> <li>Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>After-incident review.</li> <li>The medical authority or mental health provider completes a Post-Restraints form.</li> </ul>				Physical restraints for medical or mental health purposes are not used in this facility. DIHS National Policy and Procedure, Chapter 15, Seclusion and Therapeutic Restraints outline the appropriate use of medical and mental health restraints and forbid the use of restraints within the facility. Detainees that may require physical restraints would be transferred to a local community hospital where appropriate procedures are in place.		

	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		
	<ul> <li>(MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:</li> <li>Specify the duration of therapy;</li> <li>Obtain an order authorizing the administration of the drug from a Federal District Court.</li> <li>Document that less restrictive intervention options have been exercised without success;</li> <li>Detail how the medication is to be administered;</li> <li>Monitor the detainee for adverse reactions and side effects; and</li> <li>Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>				This facility does not administer psychotropic mediations to detainees without consent. DIHS Policy and Procedure, Chapter 15, Utilization of Physical Restraints prohibits the involuntary use of medications and outlines the appropriate procedures. Detainees that may require involuntary medication are transferred to a local community hospital where their policies regarding forced psychotropic medication would apply. In all cases the less restrictive intervention would be employed.		
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	$\boxtimes$			DIHS Policy and Procedure 9.5.3.1 requires initial dental screening within 14 days of admission by the physician or mid-level provider during the physical exam.		
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.	$\boxtimes$			LOP 706: First Aid Kits describes contents, number, location use protocols, and procedures for monthly inspections of first aid kits.		
62.	An automatic external defibrillator should be available for use at the facility.	$\boxtimes$			An automatic external defibrillator is located on the crash cart in the Emergency/Treatment room in the health care area.		
63.	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	$\boxtimes$			ICE/DRO is consulted in the event treatment may need to be forced. Contact is made with the Assistant Field Office Director.		
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.	$\boxtimes$			A Partnership Meeting is conducted every Tuesday including ICE, CCA, DIHS and US Marshal staff.		
65.	(MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.				Biohazardous waste is collected from the medical and dental areas and dental tools are autoclaved in compliance with medical standards consistent with applicable local, state, and federal regulations.		

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	$\boxtimes$			Chapter 5, Performance Improvement Plan requires the development and implementation of a performance improvement plan for quality assurance.	
PART 4 – 22. MEDICAL CARE					
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding					

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

Overview: Health care is provided by the Department of Immigration and Customs Health Service (DIHS). Off-site services are obtained from local providers when facility ability to treat is exceeded. The health care area was spacious, clean and well-organized. Dental services are provided offsite as needed. There is a 40 bed medical/mental health inpatient unit; 32 of the beds are devoted to mental health. Hospital services and emergency services are obtained on a fee for service basis from community providers. The facility operates its own pharmacy and has the necessary licenses to do so. They facility serves as a referral site for transgender cases.

Staffing: The facility is sufficiently staffed to perform the mission and provide the required scope of services. The staffing plan provides for a Health Services Administrator (HSA) and)(7)(Assistant HSAs(b)(7)(ENurse Practitioners and Physician Assistants(b)(7)(Ephysician,(b)(7)(E)contractual psychiatrists (b)(7)(E) full-time and()(7)(Epart--time Registered Nurses, (b)(7)(E) full-time and (b)(7)(E part-time Licensed Vocational Nurses)(7)(Elicensed social workers; a psychiatric registered nurse manager; b)(7)(E)psychiatric Registered Nurses; b)(7)(E)psychiatric Licensed Vocational Nurse(b)(7)(E)psychologists; b)(7)(E) dentistsb)(7)(Edental assistantb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Efull-time andb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Efull-time andb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Epharmacistsb)(7)(Epharmacistsb)(7)(Epharmacy techniciansb)(7)(Epharmacy techni records technicians and supporting administrative/clerical staff.

Access to Care: The facility has recently changed its sick call process so that sick call is performed on the Pod, face to face at cell side while the nurse fills out the DIHS-600 Sick Call Triage form which becomes the detainees request for medical treatment. Detainees are triaged and immediately treated by the nurse or scheduled to see an appropriate provider. This practice has improved timely access to care and is seen as a significant improvement in quality of care. The system is being piloted under a provisional sick call policy while the process is being tested.

Physical Plant: Health care is well accommodated with the necessary equipment to provide adequate health services. The facility has sufficient space and equipment to afford each detainee his/her privacy when receiving health care. The facility has four treatment rooms, one of which doubles as the emergency triage room; all rooms are adequately equipped. There is a dental clinic with one operatory. There are two holding areas for prisoners awaiting treatment and various offices for administrators and mental health staff. There is a large nursing station and rooms adjacent for medical records, sharps inventory, and clean supplies. The treatment rooms are separated by solid walls and have doors, and screens are available to place in front of the windows to maintain privacy.

Detainees are seen once daily on medical rounds, in addition to any scheduled medication pass or other scheduled call out. Sick call is performed daily by going to the door and recording any health care requests. Detainee care is either provided on the Pod in the health care treatment room or care is scheduled with an appropriate provider.

The facility's policy and practices are consistent with requirements of the ICE PBNDS for Access to Medical Care.

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

7-15-2010 Reviewer's Signature / Date

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	PART 4 – 23. PERSONAL HYGIENE					
thre	This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	$\boxtimes$			The facility policy on Inmate/Resident Property and the detainee handbook provide issuance quantities of clothing, bedding, linens, towels and personal hygiene items for detainees.	
2.	<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum:</li> <li>One uniform shirt and one pair of uniform pants or one jumpsuit.</li> <li>One pair of socks.</li> <li>One pair of underwear (daily change).</li> <li>One pair of facility-issued footwear.</li> </ul>	$\boxtimes$			The facility exceeds the standards recommendation by providing three shirts, three pants, five pairs of socks, five pair of underwear, and two pairs of footwear.	
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	$\boxtimes$			Foul weather jackets are provided during the winter months and grey sweaters can be purchased from the commissary.	
4.	<ul> <li>New detainees are issued clean bedding, linens and towels, at a minimum:</li> <li>One mattress</li> <li>One blanket</li> <li>Two sheets</li> <li>One pillow</li> <li>One pillowcase</li> <li>One towel</li> <li>Additional blankets, based on local weather conditions.</li> </ul>	$\boxtimes$				
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	$\boxtimes$				

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PART 4 – 23. PERSONAL HYGIENE				
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>6. Toilet facilities are:</li> <li>Clean</li> <li>Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas.</li> <li>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.</li> </ul>				Each cell in the housing unit has a toilet and sink.
<ul> <li>7. Bathing facilities are:</li> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.</li> <li>ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.</li> </ul>		$\boxtimes$		The expected ACA practice requires one shower for every twelve detainees. At this facility there is a possible occupancy of 200 detainees in each of the housing units. The detainees have access to a total of 8 showers in each unit resulting in a ratio of 25 detainees per shower.
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	$\boxtimes$			
<ul> <li>9. Detainees are provided clean clothing, linen and towels.</li> <li>Socks and undergarments - daily.</li> <li>Outer garments - twice weekly.</li> <li>Sheets - weekly.</li> <li>Towels - weekly.</li> <li>Pillowcases - weekly.</li> </ul>	$\boxtimes$			
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.	$\boxtimes$			Food service workers turn in their whites when they return to the unit and are re-issued whites the following day.
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	$\boxtimes$			
PART 4 – 23. PE	RSON	AL HYGIE	NE	
⊠ Meets Standard    □ Does Not Meet \$	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding

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

The three housing units are sub-divided into three pods each. Two pods housing 32 detainees each share four showers. The other pod contains up to 68 detainees that share two showers. All housing units mirror each other in design. The F-Medical Unit has the capacity for 16 detainees who will have access to one shower. The L-Medical Unit has two pods with a capacity of 8 detainees each that have access to one shower in each pod. The Medical Units meet the component of one shower for 12 detainees.

(b)(6), (b)(7)(C) <u>7/15/2010</u> Reviewer's Signature / Date

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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	NIA	Remarks	
<ol> <li>The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.</li> </ol>	$\boxtimes$			The facility has a Suicide Prevention and Risk Reduction Program comprised of the DIHS National Policy addressing Mental Health and the Suicide Prevention Program. In addition, Corrections Corporations of America (CCA) Policy 9-19: Suicide Prevention/Risk Reduction was revised November, 2009. The Program was last reviewed and signed by the Health Authority and Warden on May 11, 2010.	
<ul> <li>2. At a minimum, the Program shall include procedures to address: <ul> <li>Intake screening and referral requirements;</li> <li>The identification and supervision of suicide-prone detainees;</li> <li>Staff training requirements;</li> <li>The management and reporting of suicidal incidents, suicide watches, and deaths;</li> <li>Provision of safe housing for suicidal detainees;</li> <li>Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;</li> <li>Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.</li> <li>Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior.</li> </ul> </li> </ul>				CCA Policy 9-19: Suicide Prevention Program requires staff training requirements, intake screening, identification and supervision of suicide prone detainees, provision of safe housing, debriefing of any suicides or attempts. LOP 1502: Safety Cell Admission Orders provides guidelines for returning a previously suicidal detainee to general population only upon written authorization of the clinical director. The Suicide Prevention Program describes the procedures that must be followed when staff observe or become aware of actual or potential suicidal behavior or self-injurious behavior.	
<ol> <li>Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.</li> </ol>	$\boxtimes$			CCA Policy 9-19: Suicide Prevention/Risk Reduction requires pre-service orientation and annual in-service training on the Suicide Prevention Plan.	

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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:				Training includes effective methods		
<ul> <li>Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,</li> </ul>				for identifying the warning signs and symptoms of impending suicidal behavior; understanding		
<ul> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> </ul>				the demographic and cultural parameters for suicidal behavior (including variations in precipitating		
<ul> <li>Responding to suicidal and depressed detainees,</li> </ul>				factors); responding to suicidal and depressed offenders; necessary		
<ul> <li>Effective communication between correctional and health care personnel,</li> </ul>				referrals; communication between correctional and health services		
<ul> <li>Necessary referral procedures,</li> </ul>				staff; referral procedures; housing and observation and suicide watch		
<ul> <li>Housing observation and suicide-watch level procedures,</li> </ul>				procedures; and follow-up monitoring of detainees who make		
<ul> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> </ul>				a suicide attempt. The Suicide Prevention Program identifies		
<ul> <li>Reporting and written documentation procedures.</li> </ul>				necessary written documentation procedures.		
5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.						
<ul> <li>Screening does not occur later than one working day after the detainee's arrival.</li> </ul>				Health care providers screen all detainees during the intake		
<ul> <li>Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.</li> </ul>				process.		
<ol> <li>Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.</li> </ol>				The Suicide Prevention and Risk Reduction Program provide written procedures for when and how to		
				refer at-risk detainees to medical staff. Medical chart review of the single detainee attempted suicide indicates procedures for referral were followed.		
<ol> <li>Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or</li> </ol>				Operating Procedure 1502: Safety Cell Admission Orders provides guidelines for returning a previously		
appropriate health care professional.				suicidal detainee to general population only upon written authorization of the clinical director.		
8. The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			There are two isolation rooms designated for evaluation and treatment.		

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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	
9. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	$\boxtimes$			The isolation rooms are free of any structures or smaller items that could be used in a suicide attempt.	
10. Medical staff have approved the room for this purpose.				The Health Authority has approved the rooms for this purpose.	
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.				The DIHS-835 form is used to record suicide watches at least once 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.	$\boxtimes$			The Suicide Prevention Plan requires 15 observations every 15 minutes with medical checks at least every 2 hours. Medical chart review indicated full compliance.	
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance	$\boxtimes$			The Suicide Prevention Plan requires reporting of suicides and attempts to ICE. The facility has a dedicated mental health unit; however, if necessary treatment cannot be provided on-site, the detainee is transferred to an appropriate off-site facility after consultation with ICE.	
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.					
PART 4 – 24. SUICIDE PRE				Repeat Finding	
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

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

The facility policies meet all applicable requirements of the ICE Suicide Prevention and Intervention standard. There was one attempted suicide since the last inspection. A male ICE detainee arrived on October 30, 2009. On November 22, 2009, the ICE detainee was brought from the pod after his cell mate yelled he was on the floor and had cut his wrists. The RN noted paranoid thoughts of persecution the day before (with no expression of suicidal ideation), and he was referred to mental health with an appointment scheduled for November 23, 2009. All required elements of the Standard were met.

(b)(6), (b)(7)(C) / 7-15-2010

Reviewer's Signature / Date

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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.						
	s	r t				
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks		
	Sta	St D				
1. Detainees, who are chronically or terminally ill, are				Detainees requiring services		
transferred to an appropriate off-site medical facility.				beyond the capacity of the facility are referred to off-site contractors		
	$\boxtimes$			or health care facilities. All such movement is authorized through		
				completion of a Treatment		
2. The facility on engranding IOE office groundly				Authorization Request.		
<ol> <li>The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical</li> </ol>				The DIHS Policy Manual, Chapter 2: Medical-Legal, describes		
condition.				procedures for the prompt notification of next-of-kin of the		
<ul><li>The detainee's location.</li><li>The visiting hours and rules at that location.</li></ul>				detainee's medical condition		
• The visiting hours and rules at that location.	$\bowtie$			including immediate notification of the Officer in Charge. The ICE		
				Managed Care Coordinator will		
				notify ICE staff who in turn notifies local authorities and any family		
				members of serious illness, injury, or death of a detainee.		
3. There are guidelines addressing State Advanced				or dealiner a detainee.		
Directive Form for Implementing Living Wills and				Chapter 2: Medical-Legal, provides		
<ul><li>Advanced Directives.</li><li>These guidelines include instructions for</li></ul>				guidelines for detainees who wish to have a living-will and provide the		
detainees who wish to have a living will.	$\boxtimes$			detainee to have an attorney		
<ul> <li>These guidelines provide the detainee the opportunity to have a private attorney prepare</li> </ul>				prepare a living will at the detainee's expense.		
the documents, at the detainee's expense.						
4. There is a policy addressing "Do Not Resuscitate				Chapter 2: Medical-Legal, provides		
Orders"	$\boxtimes$			directions for addressing "Do Not Resuscitate" orders. The LOP 200:		
				Do Not Resuscitate Orders (DNR), further addresses the DNR issues.		
5. Detainees with a "Do Not Resuscitate" order in the				LOP 200 requires that any detainee		
medical record receive maximal therapeutic efforts short of resuscitation.	$\boxtimes$			with DNR orders receives maximal therapeutic efforts short of		
Short of resuscitation.				resuscitation.		

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## 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 6. The facility notifies ICE/DRO Medical Director and	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.				their Associate Director of the name and basic circumstances of any detainee with a DNR order on the medical record. The Associate Director notifies the Office of the Director, the Executive Counsel, and ICE General Counsel.
<ol> <li>The facility has written procedures to address the issues of organ donation by detainees.</li> </ol>	$\boxtimes$			Chapter 2: Medical-Legal allows a detainee to request through an advanced directive to donate his/her organs in the event of death.
<ol> <li>The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.</li> </ol>	$\boxtimes$			DIHS Policy, Chapter 2: Medical- Legal; LOP 202: Detainee/Inmate Death; and ICE Directive: Notification and Reporting of Detainee Deaths describe procedures for notification of the ICE Officer in Charge and ICE notifies family members and consulates when a detainee dies while in custody.
<ol> <li>The facility has a policy and procedure to address the death of a detainee while in transport.</li> </ol>				ICE memorandum of June 29, 2009, to the facility requires transportation agents, in the event of death during transport, to notify the closest originating or receiving Field Office as soon as possible, including the detainee's name, A- number, date, time, and place of death. The Field office will notify the local coroner and others required. The body is transferred to the local coroner.
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				The facility directions for disposal of detainee remains in policy, LOP, and ICE directive memoranda are consistent with the provisions of this standard.

## 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	
<ul> <li>11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.</li> <li>If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.</li> </ul>	$\boxtimes$			The Field Office is contacted by the DIHS personnel at the facility.	
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	$\boxtimes$			ICE Memorandum of June 29, 2009, provides direction for placing a detainee's death certificate in the detainee's A-File.	
<ul> <li>13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</li> <li>Performance of an autopsy.</li> <li>Person(s) to perform the autopsy.</li> <li>Obtaining State approved death certificates.</li> <li>Local transportation of the body.</li> </ul>				ICE memorandum dated March 2009, regarding Notification to State Officials in the Event of ICE Detainee's Death While in ICE Custody/Authority to Order Autopsies, establishes policy and procedures to contact the local coroner regarding performance of an autopsy, person to perform the autopsy, and obtaining State death certificates. Local transportation of the body is determined by ICE secondary to requirements of the county.	
14. ICE staff follows established procedures to properly close the case of a deceased detainee.	$\boxtimes$			ICE staff follows established procedures for closing detainee death cases.	
PART 4 – 25. TERMINAL ILLNESS,					
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

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The facility has appropriate established policies in place in a manner consistent with the standard.

There was one reported death that occurred at the facility during the period of time under review. The detainee death involved a non-ICE detainee who was admitted to the facility health care unit in (b)(7)(E) (b)(7)(E) The detainee collapsed while under observation in the health care unit and was transferred to the local community hospital

(b)(7)(E)

(b)(6), (b)(7)(C) 7/15/2010

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## **Section V ACTIVITIES**

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

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL							
	This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
co ru in	he facility has written policy and procedures oncerning correspondence and other mail. The les for correspondence and other mail are posted each housing or common area or provided to ach detainee via a detainee handbook.						
Sp	ne facility provides key information in English, banish, and other languages spoken by a gnificant number of detainees.	$\boxtimes$			Key information is provided in English, Spanish and Chinese.		
ho ins	coming mail is distributed to detainees within 24 burs or 1 business day after it is received and spected.	$\boxtimes$			At this facility, incoming mail is distributed on the same day it is received.		
wi	utgoing mail is delivered to the postal service thin one business day of its entering the internal ail system (excluding weekends and holidays).	$\boxtimes$					
pr	aff maintain a logbook-recording acceptance of iority, priority overnight, and certified mail elivered to the facility for a detainee.	$\boxtimes$					
co an un Fa	aff do not open and inspect incoming general prespondence and other mail (including packages ad publications) without the detainee present aless documented and authorized in writing by the acility Administrator or equivalent for prevailing ecurity reasons.				At this facility, the warden authorized in writing, for staff to open mail without the detainee's presence for security reasons.		
	aff do not read incoming general correspondence thout the Facility Administrator's prior approval.						
the	aff do not inspect incoming Special prrespondence for physical contraband or to verify e "special" status of enclosures without the etainee present.						
ind	aff are prohibited from reading or copying coming and outgoing Special Correspondence thout the detainee present.	$\boxtimes$					
co pro mi ore pu	aff are only authorized to inspect outgoing prrespondence or other mail without the detainee esent when there is reason to believe the item ight present a threat to the facility's secure or derly operation, endanger the recipient or the iblic, or might facilitate criminal activity.						
pr	prrespondence to a politician or to the media is ocessed as Special Correspondence and is not ad or copied.						

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		
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	$\boxtimes$			At this facility, written rejection notices are provided to the sender, mailroom, detainee, Receiving and Discharge and the detainee's file.		
<ol> <li>The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.</li> </ol>	$\boxtimes$					
14. Staff maintain a written record of every item removed from detainee mail.	$\boxtimes$					
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	$\boxtimes$			The disciplinary hearing officer maintains a log of the disposition of contraband.		
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	$\boxtimes$			A computer-generated receipt is provided to the detainee of any cash received.		
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	$\boxtimes$					
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	$\boxtimes$			ICE provides copies of identity documents to detainees upon request.		
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	$\boxtimes$					
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	$\boxtimes$					
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	$\boxtimes$					
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$			Writing paper, envelopes, and pencils are provided in the housing units at no cost to the detainees.		
23. SMU detainees have the same correspondence privileges as general population.	$\boxtimes$					
24. Detainees have access to outside publications.	$\boxtimes$			Detainees must file a Package Authorization Form to receive publications.		

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

In the near future, this facility will not allow cash to be sent into the facility through the mail room. All detainee funds will be sent to the Central Office in Atlanta, Georgia for processing into the detainee's account. The only department that will process cash during in-take processing will be Receiving and Discharge.

(b)(6), (b)(7)(C) 7/15/2010

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	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
de att	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.	<ul> <li>The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:</li> <li>Funeral</li> <li>Deathbed</li> </ul>	$\boxtimes$			The ICE policy on Escorted Trips for Non-Medical Emergencies was reviewed and includes the requirements for the approval process.		
	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse).						
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	$\boxtimes$			CCA staff contacts ICE personnel via a Request for Assistance Form.		
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.				This was confirmed by ICE staff and is included in their policy/procedures.		
6.	Each escort detail includes at leas(b)(7)(E)fficers.	$\boxtimes$			Policy requires no less than (b)(7)(E) escort personnel per trip.		
7.	The detainee remains under constant, direct visual supervision of escorting staff.	$\boxtimes$			A minimum of)(7)(Estaff escort the detainee, ensuring the detainee remains under constant supervision.		
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.	$\boxtimes$					
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	$\boxtimes$					
10	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	$\boxtimes$					

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

This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Escort officers ensure that detainees:					
<ul> <li>Conduct themselves in a manner that does not bring discredit to ICE/DRO.</li> </ul>					
<ul> <li>Do not violate federal, state, or local laws.</li> </ul>					
<ul> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants.</li> </ul>	$\boxtimes$			The escort policy also references the Transportation and the Use of	
<ul> <li>Do not arrange to visit family or friends unless approved before the trip.</li> </ul>				Restraints PBNDS and requires escort staff to adhere to same.	
<ul> <li>Make no unauthorized phone calls.</li> </ul>					
<ul> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.</li> </ul>					
<ol> <li>The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.</li> </ol>				All detainees are searched.	
<ol> <li>Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.</li> </ol>	$\boxtimes$				
<ol> <li>The Field Office Director is the approving official for all non-medical escorted trips.</li> </ol>	$\boxtimes$			The Field Office Director approved a hospital visit and a home visit.	
<ol> <li>Facility procedures comply with the following ICE Standards:</li> </ol>					
<ul> <li>Transportation (Land Transportation</li> </ul>	$\boxtimes$				
<ul> <li>Restraints applied strictly in accordance with the Use of Force Standard.</li> </ul>					
PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES					
⊠ Meets Standard   □ Does Not Meet	Standa	rd 🗌 N	/ <b>A</b>	□Repeat Finding	

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

The ICE Escorted Trips for Non-Medical Emergencies was reviewed and an ICE Compliance Officer was interviewed related to the components of this standard. Files from two escorted trips that were approved and successfully completed were reviewed. All components of this standard are being met.

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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.	$\boxtimes$					
<ol> <li>The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.</li> </ol>				The Field Office Director denied one marriage during the past year because the detainee refused to sign a power of attorney and to send his passport to ICE.		
<ol> <li>It is standard practice to require a written request for permission to marry.</li> </ol>	$\boxtimes$			A notarized letter of request is sent to the Field Office Director from the facility.		
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	$\boxtimes$					
<ol> <li>The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.</li> </ol>	$\boxtimes$					
6. When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	$\boxtimes$					
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.				A non-contact visiting room is utilized for wedding procedures.		
8. The detainee handbook explains the marriage request process.	$\boxtimes$					
9. <u>In SPCs</u> the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.				The Facility Administrator is not required to have the approving authority at a CDF for marriage requests. At this facility, the Facility Administrator approves the request for marriage and then the request is forwarded to the Field Officer Director for final approval.		
PART 5 – 28. MA						
⊠ Meets Standard   □ Does Not Meet	Standa	rd 🗌 N	/A	☐Repeat Finding		

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Five to six weddings are reported to occur each year at this facility. All required procedures and operational practices are consistent with the standard.

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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 or $\square$ If outdoor recreation is offered check this box.		27 should	then	be marked "N/A".	
		ч ч			
Components	Meets Standard	Does Not Meet Standard	NN	Remarks	
	Sta	Doe Sta	2		
1. The Facility provides:					
An indoor recreation program.	$\boxtimes$				
An outdoor recreation program.					
<ol> <li>A recreational specialist (for facilities with more the 350 detainees) tailors the program activities a offerings to the detainee population.</li> </ol>					
<ol> <li>Regular maintenance keeps recreational facili and equipment in good condition.</li> </ol>	ties ⊠			Unit staff coordinates repairs of equipment with the Maintenance Department.	
<ol> <li>The recreational specialist or trained equival supervises detainee recreation workers.</li> </ol>	lent 🖂				
<ol> <li>The recreational specialist or trainee equival oversees recreation programs for Spe Management Unit and special-needs detainees.</li> </ol>					
<ol> <li>Dayrooms offer sedentary activities, e.g., bo games, cards, television.</li> </ol>	pard			Dayroom activities include board games, cards, television, ping pong, and movies on the weekends.	
<ol> <li>Outside activities are restricted to limited-con- sports.</li> </ol>	tact 🖂			Basketball is the only limited contact sport offered at this facility.	
<ol> <li>Each detainee has the opportunity to participate daily recreation.</li> </ol>	e in 🛛				
9. Detainees have access to recreation activi outside the housing units for at least one hour dat				This facility offers two hours of recreation outside the housing units on a daily basis.	
<ol> <li>Staff check all items for damage and condition we equipment is returned.</li> </ol>					
11. Staff conduct searches of recreation areas bef and after use.	fore			Staff conducts searches of the recreation yard in the morning before recreation opens, during mealtime, between each recreation period and at the close of recreation.	
supervision.	staff 🛛				
13. Supervising staff are equipped with radios.	$\boxtimes$				
<ol> <li>The facility provides detainees in the SMU at le one hour of outdoor recreation time daily, five tim per week.</li> </ol>					

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	PART 5 - 29. RECREATION					
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.						
$\boxtimes$ If outdoor recreation is offered check this box. Items 20-27 should then be marked "N/A".						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.</li> </ol>	$\boxtimes$			There have been no denials of recreation during the past year; however, staff stated if recreation privileges were denied, an explanation would be placed in the detainees file.		
<ol> <li>Special programs or religious activities are available to detainees.</li> </ol>	$\boxtimes$					
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	$\boxtimes$					
<ol> <li>Visitors, relatives or friends of detainees are not allowed to serve as volunteers.</li> </ol>	$\boxtimes$					
19. If yes, written procedures ensure timely review of all eligible detainees.	$\boxtimes$					
20. If the facility has no outside recreation, are detainees considered for transfer after six months?			$\boxtimes$	Outdoor recreation is provided at the facility.		
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			$\boxtimes$	Outdoor recreation is provided at the facility.		
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.			$\boxtimes$	Outdoor recreation is provided at the facility.		
<ol> <li>The detainee's written decision for or against an offered transfer documented in his or her A-file.</li> </ol>			$\boxtimes$	Outdoor recreation is provided at the facility.		
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			$\boxtimes$	Outdoor recreation is provided at the facility.		
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			$\boxtimes$	Outdoor recreation is provided at the facility.		
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			$\boxtimes$	Outdoor recreation is provided at the facility.		
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			$\boxtimes$	Outdoor recreation is provided at the facility.		
PART 5 - 29	RECR	REATION				
🛛 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	Repeat Finding		

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The Recreation Specialist sets up competitions for cards, ping pong, basketball, and board games rewarding the winners with a goodie bag, containing edible snacks as an award.

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	PART 5 – 30. RELIGIOUS PRACTICES					
opp	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.	$\boxtimes$			Religious Services are provided in English, Spanish and Chinese languages.	
2.	Space is available for detainees to participate in religious services.	$\boxtimes$			Multi-purpose rooms are used in each of the housing units for religious services.	
3. •	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	$\boxtimes$				
4.	<ul> <li>The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions.</li> <li>Honoring fasting requirements.</li> </ul>					
	<ul><li>Facilitating religious services.</li><li>Allowing activity restrictions.</li></ul>					
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	$\boxtimes$				
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$			Staff from DHS conducts background checks 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.				Clergy provide individual visitation twice a week for detainees in SMU. Detainees may also participate in religious correspondence courses.	
	RELIGIOUS					
	⊠ Meets Standard □ Does Not Meet S	Standa	rd 🗌 N	/A	☐Repeat Finding	

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The Religious Services Department offers several diverse programs to meet the needs of the detainees. On the average, six religious services or programs are provided daily throughout the facility. Volunteer services include Protestant, Buddhist, Catholic, Christian, Islam, Interfaith, Episcopal, Muslim Juma and Jewish services.

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PART 5 – 31. TELEPHONE ACCESS						
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	$\boxtimes$			Detainee telephone access is routinely available from 6:00 am to 11:00 pm each day.		
2. Upon admittance, detainees are made aware of the facility's telephone access policy.	$\boxtimes$			The detainee handbook and orientation video addresses the telephone access policy.		
3. Notification explaining the facilities telephone policy is in the Detainee Handbook.	$\boxtimes$			The telephone policy is documented in the detainee handbook.		
4. Access rules, including updated telephone and consulate number, are posted in housing units.				Access rules were posted in the housing units but consulate numbers were unavailable. The telephone speed-dial numbers were available in a binder that was maintained in a secure location accessible through the assigned employee. On the first day of the inspection, the binder containing the consulate telephone number was not available in the housing unit inspected.		
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.	$\boxtimes$			Key information is available in three primary languages.		
6. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				The number of telephones available in each housing unit was appropriate and consistent with the standard.		
7. Telephones are inspected daily by facility staff to ensure that they are in good working order.	$\boxtimes$			Telephones are inspected daily by security personnel to determine whether a dial tone is heard. Deficiencies are promptly reported.		
8. Telephones are located a reasonable distance from televisions.	$\boxtimes$			Telephones are located in the dayroom not directly near the television.		
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.						

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		
11. Detainees are afforded a reasonable degree of privacy for legal phone calls.				Legal telephone calls are provided when requested outside the housing unit in the case manager's office. A logbook is maintained.		
12. A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$					
13. The facility provides the detainees with the ability to make non-collect (special access) calls.	$\boxtimes$					
14. Special Access calls are at no charge to the detainees.	$\boxtimes$					
15. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			$\boxtimes$	The facility is able to meet the existing requirement.		
16. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	$\boxtimes$			An appropriate "Free Legal Services List" is posted in the housing units.		
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	$\boxtimes$					
18. All telephone restrictions are documented.	$\boxtimes$					
19. The facility has a system for taking and delivering emergency detainee telephone messages.	$\boxtimes$			Documentation was available that verified emergency telephone calls were provided on a regular basis.		
20. Phone call messages are given to detainees as soon as possible.	$\boxtimes$					
21. Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$			Documentation supports compliance with the standard.		
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				Detainees in disciplinary segregation are allowed phone calls related to detainee's immigration case.		
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	$\boxtimes$					
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.				Detainees in disciplinary segregation are generally allowed one 20-minute personal telephone call every 30 days. Emergency telephones are available when determined as appropriate.		

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PART 5 – 31. TELEPHONE ACCESS					
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	$\boxtimes$				
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	$\boxtimes$			Notification that the telephone calls may be monitored is posted by the detainee telephones.	
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	$\boxtimes$			The telephone number was verified and found to be fully operational.	
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	$\boxtimes$			Documentation is maintained on the serviceability of facility telephones.	
PART 5 – 31. TELEPHONE ACCESS					
⊠ Meets Standard □ Does Not Meet S	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding	

An appropriate number of detainee telephones are accessible in each housing area.

Detainees are provided access to a telephone in a manner consistent with the standard. Personal telephone calls are available to the general population every day; legal telephone calls, pro bono calls and emergency calls are also available as needed.

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PART 5 – 32. VISITATION						
This Detention Standard ensures that detainees will be community, legal representatives, and consular officials,						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>There is a written visitation procedure, schedule, and hours for general visitation.</li> </ol>				Detainees are routinely allowed a minimum of one hour general public visit on weekends and holidays. There is a written facility visitation procedure and schedule.		
2. The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				General visitation hours are from 8:00 a.m. to 4:00 p.m. on weekends and holidays.		
3. The visitation schedule and rules are available to the public.	$\boxtimes$			Visitation schedules and rules are posted in the lobby of the facility and are available to the public.		
4. The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$					
<ol> <li>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.</li> </ol>	$\boxtimes$					
6. A general visitation log is maintained.	$\boxtimes$			A general visitation log is maintained for all visits.		
<ol> <li>Detainees are permitted to retain authorized personal property items specified in the standard.</li> </ol>				Visitors are not allowed to bring items to the detainee during the visit. Authorized items are permitted through other approved methods.		
8. A visitor dress code is available to the public.	$\boxtimes$			The approved dress code is documented and made available to the detainee and the public.		
9. Visitors are searched and identified according to standard requirements.	$\boxtimes$			All visitors are subject to a search and must clear a metal detector.		
10. The requirement on visitation by minors is complied with.	$\boxtimes$					
11. At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			$\boxtimes$	Minors are allowed to visit when accompanied by an approved adult.		
12. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				Minors are allowed to visit at the facility.		
<ol> <li>Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.</li> </ol>	$\boxtimes$					
14. Detainees in special housing are afforded visitation.				Detainees assigned to special housing are afforded visitation.		

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	A/N	Remarks			
15. Legal visitation is available seven (7) days a week, including holidays.				Legal visits are available seven days per week as reflected by a review of the visitation log book.			
16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	$\boxtimes$						
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.							
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				Private consultation/visiting rooms that are sound-proof with security glass glazing are available for each housing unit.			
19. There are written procedures governing detainee searches.	$\boxtimes$						
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.	$\boxtimes$			Legal representatives are subject to a non-intrusive search.			
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	$\boxtimes$			Appropriate documentation is required prior to entry.			
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	$\boxtimes$						
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	$\boxtimes$						
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	$\boxtimes$						
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.							
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	$\boxtimes$						
PART 5 –	32. VIS	SITATION					
🖂 Meets Standard 🛛 🗌 Does Not Meet S	Standar	rd 🗌 N/	Α	Repeat Finding			

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General visitation is provided in a non-contact format and is available on weekends and holidays. A minimum of one hour visitation is currently provided for each detainee.

Legal visitation is available seven days per week.

Policies, procedures and rules are identified in the detainee handbook, posted in the facility lobby and located at the front gate.

Detainees assigned to segregation are provided the same visitation privileges as detainees assigned to general population.

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#### 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.				
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	$\boxtimes$			
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.				At this facility, security level 1 detainees participate in outside secure perimeter details under direct staff supervision.
	<ul> <li>Written procedures govern selection of detainees for the Voluntary Work Program.</li> <li>The same procedures apply for replacement workers as for "new" workers.</li> <li>Staff follows written procedures.</li> </ul>	$\boxtimes$			
5.	Where possible, physically and mentally challenged detainees participate in the program.	$\boxtimes$			A detainee who was confined to a wheel chair was provided a volunteer job of cleaning tables in the housing unit.
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.	$\boxtimes$			
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	$\boxtimes$			When a detainee is removed from a work detail it is the result of a disciplinary action and the disciplinary report is placed 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.				At the facility, during in-take processing, detainees sign a Detainee Acceptance Responsibility Work Program Form.
10	<ul> <li>The voluntary work program meets:</li> <li>OSHA standards</li> <li>NFPA standards</li> <li>ACA standards</li> </ul>				The facility received ACA certification on January 14, 2008. The voluntary work program meets OSHA and NFPA standards.

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PART 5 – 33. VOLUNTARY WORK PROGRAM					
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.					
Combouents Standard Meets Standard Meets Standard NA N/A N/A					
<ul> <li>11. Medical staff screen and formally certifies detainee food service volunteers;</li> <li>Before the assignment begins</li> <li>As a matter of written procedure</li> </ul>	$\boxtimes$				
12. Detainees receive safety equipment/ training sufficient for the assignment	$\boxtimes$				
<ol> <li>Proper procedure is followed when an ICE detainee is injured on the job.</li> </ol>	$\boxtimes$				
<b>PART 5 – 33. VOLUNT</b>	CARY V	VORK PR	OGRA	M	

### Meets Standard Does Not Meet Standard N/A Repeat Finding

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

The medical staff screens detainees prior to participating in the Voluntary Work Program. Upon completion of the screening, medical staff sends an approval form with photo identification to Food Service or the department in which the detainee will be working.

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# **Section VI JUSTICE**

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

PART 6 - 34. DETAINEE HANDBOOK						
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		
<ol> <li>The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.</li> </ol>				At the facility the detainees sign for a copy of facility and National Detainee Handbook upon receipt.		
2. The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	$\boxtimes$			The detainee handbook is written in English, Spanish and Chinese.		
<ol> <li>A procedure for requesting interpretive services for essential communication has been developed.</li> </ol>	$\boxtimes$					
4. Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	$\boxtimes$			Orientation videos are provided in English, Spanish and Chinese. If needed, an interpreter or telephone translator will be used.		
5. The handbook supplements the facility orientation video where one is provided.	$\boxtimes$					
<ol> <li>The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.</li> </ol>	$\boxtimes$					
<ol> <li>There is an annual review of the handbook by a designated committee or staff member.</li> </ol>				All department heads participate in the annual review of the detainee handbook.		
<ul> <li>8. The detainee handbook address the following issues:</li> <li>Personal Items permitted to be retained by the detainee.</li> <li>Initial issue of clothes, bedding and personal hygiene items.</li> <li>How to access care.</li> </ul>	$\boxtimes$					
9. The detainee handbook states in clear language basic detainee responsibilities.	$\boxtimes$					
10. The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.						
11. The handbook states when a medical examination will be conducted.				Medical examinations will occur within 14 days of arrival at this facility.		
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	$\boxtimes$					

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PART 6 - 34. DE	TAINEE	E HANDBO	DOK			
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		
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.						
15. The handbook describes barber hours and hair cutting restrictions.	$\boxtimes$					
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.				All elements identified in the component are met with the exception; the handbook does not describe the procedures required for when telephone demand is high.		
17. The handbook addresses religious programming.	$\square$					
18. The handbook states times and procedures for commissary or vending machine usage. (where available)				Detainees are allowed to purchase up to \$60 a week for commissary items.		
19. The handbook describes the detainee voluntary work program.	$\boxtimes$			Detainees may receive a \$1 a day for participating in the voluntary work program.		
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	$\boxtimes$					
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	$\boxtimes$			Attorney visits can be conducted from 8:00 a.m 9:45 p.m. daily.		
22. The handbook/supplement provides local ICE contact information.						
23. The handbook describes the facility contraband policy.	$\boxtimes$					
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	$\boxtimes$					
25. The handbook describes the correspondence policy and procedures.	$\boxtimes$					

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PART 6 - 34. DE	FAINEE		OOK			
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	A/A	Remarks		
26. The handbook describes the detainee disciplinary policy and procedures, including:						
<ul> <li>Prohibited acts and severity scale sanctions.</li> </ul>	$\boxtimes$					
<ul> <li>Time limits in the Disciplinary Process.</li> </ul>						
Summary of Disciplinary Process.						
27. The grievance section of the handbook explains all steps in the grievance process – Including:						
<ul> <li>Informal (if used) and formal grievance procedures;</li> </ul>						
The appeals process;						
<ul> <li>In CDFs procedures for filing an appeal of a grievance with ICE.</li> </ul>	$\boxtimes$					
<ul> <li>Staff/detainee availability to help during the grievance process.</li> </ul>						
<ul> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> </ul>						
How to file a complaint about officer misconduct with the Department of Homeland Security.						
28. The handbook describes the medical sick call procedures for general population and segregation.	$\boxtimes$			Sick call request forms are available for medical and dental appointments.		
29. The handbook describes the facility recreation policy						
including:				The general population is provided		
Outdoor recreation hours.	$\boxtimes$			television access in English and		
<ul> <li>Indoor recreation hours.</li> <li>In dorm leisure activities.</li> </ul>				Spanish.		
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.	$\boxtimes$					
<ol> <li>The handbook specifies the rights and responsibilities of all detainees.</li> </ol>	$\boxtimes$					
32. Detainees are required to sign for the handbook to ensure accountability.	$\boxtimes$			Detainee's sign for the handbook during intake processing.		
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						

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

The detainee handbook was updated in April 2010 and provides a comprehensive review of the facility and corresponding rules and services.

The handbook is prepared in three languages and provided to each detainee upon their arrival. Both a site-specific and National Handbook is available. Detainees are required to sign for the handbook to confirm receipt.

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PART 6 – 35. GRIEVANCE SYSTEM					
This Detention Standard protects detainees' rights and which they may file formal grievances and receive timely			treate	ed fairly by providing a procedure by	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>Detainees are informed about the facility's informal and formal grievance system.</li> </ol>	$\boxtimes$			At the facility, the detainees are provided information about the grievance system during orientation and the detainee handbook. The grievance forms are readily accessible in the housing units.	
<ol> <li>The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).</li> </ol>					
<ol> <li>The grievance section of the handbook explains all steps in the grievance process – Including:         <ul> <li>Informal and formal grievance procedures;</li> <li>The appeals process and step-by-step procedures;</li> <li>Staff/detainee availability to help during the grievance process</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Justice.</li> <li>How to file an emergency grievance.</li> </ul> </li> <li>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.</li> </ol>					
<ul> <li>5. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.</li> <li>Detainees may seek help from other detainees or facility staff when preparing a grievance.</li> <li>Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.</li> </ul>					
<ol> <li>Facility has written procedures for identifying and handling a time-sensitive emergency grievance.</li> </ol>				Time-sensitive emergency grievances are handled by the grievance officer during the week and on weekends they are taken care of by the shift supervisor and Administrative Duty Officer.	
<ol> <li>Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.</li> </ol>	$\boxtimes$				

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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	<b>N/A</b>	Remarks		
<ol> <li>Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.</li> </ol>						
<ul> <li>9. Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complains" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>				A grievance log is maintained by the grievance officer on an internal Excel computer program.		
<ol> <li>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.</li> </ol>				Staff stated there have been no refusals to process nuisance grievances during the past year.		
11. Staff are 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 comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.						
<ul> <li>14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</li> <li>In all facilities written procedures cover detainee appeals and are included in the detainee handbook</li> </ul>						
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.						
PART 6 – 35. GF	RIEVAN	ICE SYST	EM			
🖂 Meets Standard 🛛 🗌 Does Not Meet S	Standa	rd 🗌 N	/A	☐Repeat Finding		

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At the facility the grievance committee consists of the grievance officer, an ICE Agent and a neutral staff member.

A comprehensive grievance system is available to ensure issues are heard on a timely basis.

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PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This	Detention Standard protects detainees' rights by ens	uring th	neir access	to co	urts, counsel, and legal materials.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	The facility provides a designated law library for detainee use.				The facility provides a general law library in a dedicated room located outside of B - Housing Unit.
•	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.				The law library contains appropriate physical law library material and electronic law material.
•	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both.				LexisNexis CD service is available in the law library as well as operable computers, printer, and appropriate supplies.
	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	$\boxtimes$			The occupancy rating of the law library is 24. Sufficient space, lighting and chairs are available in the dedicated room.
	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.				The law library is equipped with computers, a typewriter, and appropriate supplies.
	Detainees are provided with the means to save legal work in a private electronic format for future use.	$\boxtimes$			Detainee legal work is saved in a private electronic format when required and placed in a secure storage within the law library by personnel assigned to the law library.
	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	$\boxtimes$			
	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.				
	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	$\boxtimes$			A facility employee is assigned to the general law library and is responsible for maintaining legal supplies and material in a manner consistent with the standard.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ens	uring th	eir access	to co	urts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
10. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	$\boxtimes$			The facility maintains a law library and provides through an established schedule a minimum of five hours per week for each detainee. Detainees are not required to forego recreation time in lieu of library usage. When demand is high, priority is given to detainees facing a court deadline.	
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	$\boxtimes$				
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.					
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.					
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.	$\boxtimes$			Detainees assigned to segregation do not have physical access to the same law library but when requests are received from a detainee, personnel assigned to the main law library will address the request. A separate law library smaller in size in comparison with the main law library is available and equipped with LexisNexis. In addition a computer and printer are available in the segregation law library area. Detainee access is available upon request.	
16. All denials of access to the law library fully documented.	$\boxtimes$			No denials were reported by staff.	

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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	A/A	Remarks			
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	$\boxtimes$			No law library access denials were reported by staff.			
<ol> <li>Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.</li> </ol>	$\boxtimes$						
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	$\boxtimes$			Through a coordinated effort between law library personnel, housing unit personnel and administrative support staff, free envelopes and stamps are available to ensure indigent detainees are able to mail appropriate legal materials at no costs.			
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL							
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

The facility provides a dedicated law library with a seating capacity of 24. The law library is located adjacent to the B housing unit and is sufficiently equipped with computers, physical law material, electronic law material and appropriate supplies.

Access to the law library is based on an established schedule which allows for a minimum of five hours per week for each detainee. Assistance is available upon request.

An additional law library is provided in the segregation unit which can accommodate one detainee at a time.

Detainees can receive appropriate copies of legal material when required.

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

Reviewer's Signature / Date

7/15/2010

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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.	$\boxtimes$			The Field Office has approved current legal group presentations.			
	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	$\boxtimes$						
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	$\boxtimes$						
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	$\boxtimes$			Appropriate notification was posted in the housing unit.			
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.	$\boxtimes$			Staff reported no incidents where a detainee was denied access.			
6.	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.	$\boxtimes$			Presentations are provided four days per week. Detainees unable to attend are normally scheduled to participate in the presentation during the following session.			
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	$\boxtimes$			Detainees in segregation are provided an opportunity to attend a Legal Orientation Program session every other Friday.			
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.	$\boxtimes$						
	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.				Presentations are offered for a minimum of one hour.			
10	Staff permit presenters to distribute ICE/DRO- approved materials.	$\boxtimes$						
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.	$\boxtimes$			Facility staff is present to provide general security of the area.			

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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	<b>V/N</b>	Remarks			
Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.							
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	$\boxtimes$			The facility personnel reported there had not been any incidents where privileges had been suspended.			
<ol> <li>The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.</li> </ol>	$\boxtimes$						
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	$\boxtimes$						
15. The facility maintains equipment for viewing approved electronically formatted presentations.	$\boxtimes$						
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS							
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

The Legal Orientation Program which is offered by approved non-profit legal service representatives based in the San Diego area are routinely provided at the facility four days each week. Group and individual presentations are provided by attorneys and/or para-legals regarding the overall Immigration Court process and general information regarding relief from removal or ways to expedite the process. On average, approximately 15 detainees are present during the group presentation. Individual discussions are available after the group presentation when warranted.

Individuals assigned to segregation or mental/medical health units requesting the services may participate in a separate session.

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

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### Section VII ADMINISTRATION & MANAGEMENT

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

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	PART 7 – 38. DETENTION FILES						
	is Detention Standard contributes to efficient and response oked into a facility for more than 24 hours a file of all signal						
	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.	$\boxtimes$					
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$			Detention files contain original documentation and forms generated during the admission process.		
•	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	$\boxtimes$					
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.				All detention files are maintained in a secure control area located in the admission and release section of the facility.		
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	$\boxtimes$			Active and inactive detention files are secured separately from each other. Appropriate release documentation is placed in the released files upon receipt.		
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	$\boxtimes$					
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	$\boxtimes$					
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.				Electronic record-keeping is secured and protected by user passwords.		

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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	
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.	$\boxtimes$				
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.				Appropriate equipment and supplies are available and reported to be in good operating condition.	
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	$\boxtimes$				
14. Archived files are purged after six years by shredding or burning.		$\boxtimes$		Archived files are not currently purged after six years. Current operational practice is to store archived files indefinitely.	
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	$\boxtimes$				
PART 7 – 38. I	DETEN	TION FILE	S		
⊠ Meets Standard   □ Does Not Meet \$	Standa	rd 🗌 N	/ <b>A</b>	☐Repeat Finding	

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

Detention files are secured and maintained in an organized manner.

Access to the files is restricted to authorized staff only.

Each detainee arriving at the facility has a detention file established.

(b)(6), (b)(7)(C) 7/15/2010 Reviewer's Signature / Date

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	PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS					
This Detention Standard ensures that the public and the responsibility through interviews and tours.	This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.					
Components	Meets Standards	Does Not Meet Standards	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.				The Public Information Officer and the Field Office Director approve all interviews.		
2. All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.						
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.						
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.	$\boxtimes$					
<ul> <li>5. All press pools are organized `according to the procedures in the Detention Standard.</li> <li>A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action.</li> <li>All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.</li> <li>All material generated from such a press pool is made available to all news media, without right of first publication or broadcast.</li> </ul>	$\boxtimes$			There have been no reported incidents during the past year where a press pool would be required.		
PART 7 - 39. NEWS MED	A INTE	RVIEWS	AND T	OURS		
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324B Detention Inspection Form Worksheet for IGSAs - Rev: 07/09/07 Page 146 of 159 Remarks: (Record significant facts, observations, other sources used, etc.)

An ICE detainee (b)(6), (b)(7)(C) in the United States while being detained at this facility had been approved for a media review.

Requests are reviewed for appropriate consideration and approved by the FOD.

(b)(6), (b)(7)(C) / <u>7/15/2010</u> Reviewer's Signature / Date

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	PART 7 – 40. \$	STAFF	TRAINING	3			
	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.	X			Orientation training is conducted over a seven and one-half day time frame. Custody staff receives 160 hours of class training and 40 hours of on-the-job training. Non-custody staff receives 40 hours of on-the- job training in addition to orientation.		
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives	$\boxtimes$					
3.	At least(b)(7)(E) qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	$\boxtimes$			The training manager received 40 hours of "Training For Trainers" and additional specialized classes in leadership.		
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	$\boxtimes$			The training plans are reviewed and approved by the facility support center and the warden.		
5.	<ul> <li>An accurate and complete record is maintained of all formal training activities in:</li> <li>Individual training folders,</li> <li>Other training records systems, and/or</li> <li>Electronic systems.</li> </ul>	$\boxtimes$			Training is documented in individual training folders and electronically through the Learning Management System computer program.		

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PART 7 – 40.	STAFF	TRAINING	3	
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:         <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Drug-free Workplace</li> <li>Health-related emergencies</li> <li>Signs of Suicide risk and precautions</li> <li>Suicide prevention and intervention</li> <li>Hunger strikes</li> <li>Use of Force</li> <li>Keys and Locks</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>Orientation and training on detainee handbook and detainee rights.</li> <li>Requirement of special-needs detainees.</li> <li>National Detention Standards</li> </ul> </li> </ol>				All of the class requirements for new employees, contractors and volunteers are provided during orientation.

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PART 7 – 40.	STAFF	TRAINING	3			
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>7. Clerical/support employees who have minimal detainee contact receive a minimum of: <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>National Detention Standards.</li> </ul> </li> </ul>						
Suicide risk and prevention.						

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

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PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes:</li> <li>The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations</li> <li>Key control; appropriate conduct with detainees</li> <li>Responsibilities and rights of employees</li> <li>Standard precautions</li> <li>Occupational exposure</li> <li>Personal protective equipment</li> <li>Bio-hazardous waste disposal</li> <li>Overview of the detention operations.</li> <li>National Detention Standards.</li> <li>Medical grievance procedures and protocol.</li> <li>Requirement for special needs detainees.</li> <li>Code of Ethics</li> <li>Drug free workplace</li> <li>Hostage situations and staff conduct if taken hostage.</li> </ul>				Health care employees received training on all of the components during orientation. At this facility, additional classes are provided on Medical Issues, Communicable Disease, HIPAA, Medical/Psychiatric Referral, Special Needs Inmates, First Aid 4 Minute Response, CPR/AED, Health Emergencies, Sick Call/Medical Assistance, Transportation For Off-site Medical, and Hunger Strikes.	

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	PART 7 – 40. STAFF TRAINING						
	tention Standard ensures that staff, contractors, a		nteers are	comp	etent in their assigned duties by		
requiring	requiring that they receive initial and ongoing refresher training.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
rece mini • • • • • • • • • • • • • • • • • •	urity personnel (including contractors) will         eive training on the following subjects, at a         imum:         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.         (b)(7)(E)       receive:				(b)(7)(E) cannot be assigned until training has been completed. The response team receives additional training every		
					month.		
	ility management and supervisory staff receive:	$\boxtimes$					
•	Management and Supervisory training						

PART 7 – 40. STAFF TRAINING							
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks			
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.	X			Documentation provided indicated staff was not allowed to work a post requiring the use of firearms until they had received the necessary training and were placed on the approved list for assignment to these posts.			
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	$\boxtimes$			Firearms training is provided quarterly for all staff authorized to utilize firearms.			
15. (MANDATORY) Personnel authorized to (b)(7)(E (b)(7)(E)	$\geq$			Training on (b)(7)(E) treatment, and exposure is conducted during orientation and during annual training.			
<ul> <li>16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: <ul> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using illegal drugs.</li> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> <li>Procedures to be used to ensure compliance.</li> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> <li>Penalties for violation of the policy.</li> </ul> </li> </ul>	$\boxtimes$						
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	$\boxtimes$			A Drug and Alcohol Program Acknowledgement form is signed by all staff and placed in their personnel file. A copy is also placed in their training file.			

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PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using their official positions to secure privileges for themselves or others.</li> <li>Engaging in activities that constitute a conflict of interest.</li> <li>Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family.</li> <li>Acceptable behavior in the areas of campaigning, lobbying or political activities.</li> </ul>	$\boxtimes$				
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.	$\boxtimes$				
<ul> <li>20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: <ul> <li>Recognizing of signs of potential health emergencies and the required responses.</li> <li>Administering first aid and cardiopulmonary resuscitation (CPR).</li> <li>Obtaining emergency medical assistance through the facility plan and its required procedures.</li> <li>Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.</li> <li>The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.</li> </ul> </li> </ul>	$\boxtimes$			Certified medical instructors provide training on all health-related components.	

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:</li> <li>Understanding that sexual abuse or assault is never an acceptable consequence of detention.</li> <li>Recognizing housing or other situations where sexual abuse or assault may occur.</li> <li>Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences.</li> <li>Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.</li> </ul>	$\boxtimes$					
<ul> <li>22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: <ul> <li>Identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Communication between correctional and health care personnel,</li> <li>Referral procedures,</li> <li>Housing observation and suicide-watch level procedures, and</li> <li>Follow-up monitoring of detainees who have attempted suicide.</li> </ul> </li> </ul>				The lesson plan was reviewed for the Suicide Prevention and Intervention program. All training components were provided during annual training.		
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.						
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.				The key control officer provides key control training during orientation and annual training.		

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	A/A	Remarks
<ul> <li>25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:</li> <li>The requirements of this Detention Standard</li> <li>The use of force continuum</li> <li>Communication techniques</li> <li>Cultural diversity</li> <li>Dealing with the mentally ill</li> <li>Confrontation-avoidance techniques</li> <li>Approved methods of self-defense</li> <li>Force cell-move techniques</li> <li>Communicable diseases, particularly precautions to be taken for use of force</li> <li>Application of restraints (progressive and hard)</li> <li>Reporting procedures.</li> </ul>	$\boxtimes$			
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	$\boxtimes$			Staff may obtain certification with ACA with full reimbursement. On- line classes are offered through Eastern Kentucky University with a 60% reimbursement.
PART 7 – 40. 5	STAFF	TRAINING	3	
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding				

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

The staff training program meets all the components in the standard and many additional classes are provided to staff. Staff can also take classes through the Eastern Kentucky University and ACA with partial reimbursements.

(b)(6), (b)(7)(C) / 7/15/2010 Reviewer's Signature / Date

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

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# 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
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.	$\boxtimes$			
10. For medical transfers, transporting officers receive instructions regarding medical issues.	$\boxtimes$			Staff is notified in writing via e-mail regarding any specific instructions concerning the detainee.
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.				
12. Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$			
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				Detainees are allowed to make a telephone call upon their arrival to the new location.
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.	$\boxtimes$			
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				
PART 7 - 41. TRAN	SFER	OF DETAI	NEES	
☑ Meets Standard  ☐ Does Not Meet Standard  ☐ N/A  ☐ Repeat Finding				

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

Transfers of detainees at the facility are completed in a manner consistent with the standard.

(b)(6), (b)(7)(C) 7/15/2010

Reviewer's Signature / Date

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

## A. Type of Facility Reviewed

	ICE Service Processing Center
$\square$	ICE Contract Detention Facility
	ICE Intergovernmental Service Agree

ICE Intergovernmental Service Agreement

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

Type of Inspection		
Field Office HQ Inspection		
Date[s] of Facility Review		
July 13–15, 2010 – Pursuant to PBNDS		

#### C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
July 14-16, 2009 – <i>Pursuant to NDS</i>
Previous Rating
Superior Good Acceptable Deficient At-Risk

## D. Name and Location of Facility

Name		
San Diego Correctional Detention Facility		
Address (Street and Name)		
446 Alta Road, Suite 5400		
City, State and Zip Code		
San Diego, California 92158		
County		
San Diego		
Name and Title of Facility Administrator (Warden/OIC/Superintendent)		
(b)(6), (b)(7)(C) Warden		
Telephone # (Include Area Code)		
<b>619-6</b> (b)(6), (b)(7)(C)		
Field Office (List Office with oversight responsibilities)		
San Diego, California		
Distance from Field Office		
25 miles		

#### E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)		
(b)(6), (b)(7)( <b>£)CI</b> / <b>MGT</b>		
Name of Team Member / Title / Duty Location		
(b)(6), (b)(7)(CCI-Security / MGT		
Name of Team Member / Title / Duty Location		
(b)(6), (b)(7)( <b>(CI-Medical Care / MGT</b>		
Name of Team Member / Title / Duty Location		
(b)(6), (b)(7)(d <b>ÇI-Food Service / MGT</b>		
Name of Team Member / Title / Duty Location		
(b)(6), (b)(7)(C)I-Environmental Health and Safety / MGT		

#### F. CDF/IGSA Information Only

July 7, 2005			
Basic Rates per Man-Day			
\$119.21			
Other Charges: (If None, Indicate N/A)			
Transportation Guard Service: (b)(4)			

## Accreditation Certificates

List all State or National	Accreditation[s]	] received:
ACA (Jan 2008); NCC	HC (Feb 2008);	JCAHC (Sept 2007).

Check box if facility has no accreditation[s]

## G. 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			
March 1999			
Date Last Remodeled or Upgraded			
March 2002			
Date New Construction / Bedspace Added			
None			
Future Construction Planned			
Yes No Date:			
Current Bedspace	Future Bedspace (# New Beds only)		
(b)(7)(E)	Number: Date:		

## J. Total Facility Population

Total Facility Intake for previous 12 months
8597
Total ICE Mandays for Previous 12 months
245,247

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

	L-1	L-2	L-3
Adult Male	281	164	81
Adult Female	107	18	0

#### L. Facility Capacity

	Rated	Operational	Emergency	
Adult Male	800	995	1200	
Adult Female	200	276	400	
<b>Facility holds Juveniles Offenders 16 and older as Adults</b>				

## M. Average Daily Population

	ICE	USMS	Other
Adult Male	526	294	0
Adult Female	134	68	0

#### N. Facility Staffing Level

Security:		Support:
(b)(7)(E)	()	b)(7)(E)

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## SIGNIFICANT INCIDENT SUMMARY WORKSHEET

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	1-P	2-P	2-P	3-P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	1	2	2	3
Assault:	Types (Sexual Physical, etc.)	1-P	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		10	7	2	11
Disturbances <sup>4</sup>		0	0	0	0
		6	3	2	6
(b)(7)(E)		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	(b)(7)(E)	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.		62	34	19	72
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	11-CCA 19-PHS	20-CCA 23-PHS	6-CCA 28-PHS	8-CCA 45-PHS
	# Resolved in favor of Offender/Detainee	2-CCA 11-PHS	2-CCA 14-PHS	1-CCA 14-PHS	0-CCA 18-PHS
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	А
	Number	0	0	1	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	131	105	95	117
	# Psychiatric Cases referred for Outside Care	13	9	10	8

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

3

4

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.

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

## LCI REVIEW ASSURANCE STATEMENT

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

LEAD COMPLIANCE INSPECTOR			
Lead Compliance Inspector: (Print Name)	Signature		
(b)(6), (b)(7)(C)			
Title & Duty Location	Date		
LCI, MGT	July 15, 2010		

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

# **Recommended Rating:**

⊠ Meets Standards □ Does Not Meet Standards

## **Comments:**

The facility population count on the second day of the inspection was 1022, of which 676 were ICE detainees.

During the past year, there was one reported death at the facility as a result of natural causes and one attempted suicide. They are desribed below:

- (b)(7)(E)

This facility does not use four/five-point restraints, nor do they use (b)(7)(E)