

601 13<sup>th</sup> Street, NW Suite 650 North Washington, DC 20005

Contract # HSCECR-09-C-00004

# ICE Performance Based National Detention Standards Compliance Review

Facility: Broward Transitional Center

Inspection Date: November 1-3, 2011

Report Date: November 4, 2011



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November 4, 2011

MEMORANDUM FOR: Gary E. Mead

**Executive Associate Director** 

Office of Enforcement and Removal Operations

FROM: (b)(6), (b)(7)(c)

Lead Compliance Inspector

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

SUBJECT: Broward Transitional Center

Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the ICE Performance Based National Detention Standards (PBNDS) at the Broward Transitional Center (BTC) located in Pompano Beach, Florida during the period of November 1-3, 2011. This is a Contract Detention Facility (CDF), operated and staffed by The GEO Group, Inc.

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

Subject Matter Field	Team Member	
Security		
Medical Care	(E)(O) (E)( <del>7</del> )(-)	
Food Service	(b)(6), (b)(7)(c)	
Environmental Health and Safety		

#### Type of Review

The review is a scheduled annual inspection which is performed to determine overall compliance with the ICE PBNDS for Over 72-hour facilities. The facility received a previous rating of "Meets Standards" during the December 2010 inspection which was based on the ICE PBNDS.

### Review Summary

The facility is accredited by the American Correctional Association (ACA). The facility is not accredited by the National Commission on Correctional Health Care (NCCHC) or The Joint Commission (TJC).



#### Standards Compliance

The following information is a summary of the standards reviewed and overall compliance as a result of the 2010 NDS annual inspection and 2011 PBNDS inspection.

2010 Inspection – Pursuant to PBNDS	
Meets Standard	40
Does Not Meet Standard	0
At-Risk	0
Repeat Finding	0
Non-Applicable	1

2011 Inspection – Pursuant to PBNDS				
Meets Standard	40			
Does Not Meet Standard	0			
At-Risk	0			
Repeat Finding	0			
Non-Applicable	1			

The PBNDS consist of both Mandatory and Non-Mandatory components. Shown below is a breakdown as a result of the 2010 and 2011 PBNDS inspections.

2010 Inspection – Pursuant to PBNDS	Mandatory	Non-Mandatory
Meets Component	37	691
Does Not Meet Component	0	11
Non-Applicable	3	147
Repeat Finding	0	0
Total Components	40	849
Percentage of Compliance	100%	98.4%

2011 Inspection – Pursuant to PBNDS	Mandatory	Non-Mandatory
Meets Component	37	699
Does Not Meet Component	0	8
Non-Applicable	3	142
Repeat Finding	0	0
Total Components	40	849
Percentage of Compliance	100%	99.0%

#### **Outcome Measures**

This is an ICE CDF and the analysis of the Outcome Measures is included.

# LCI Issues and Concerns

There are no standards identified as not meeting the PBNDS.

# Recommended Rating and Justification

The LCI recommends the facility receive a rating of "Meets Standards." The facility is in compliance with all 40 applicable standards; one standard (Escorted Trips for Non-Medical Emergencies) is not



applicable. The facility meets 100% of the applicable "Mandatory Components" and 99% of the applicable non-mandatory components were identified as "Meets Standard."

# LCI Assurance Statement

The findings of compliance and non-compliance are accurately ar	nd completely recorded on the G-324A
Worksheet and are supported by documentation in the inspection	file. An out brief was conducted at the
facility. In addition to the entire inspection team, the following w	vere present: (b)(6), (b)(7)(c) Warden;
(b)(6), (b)(7)(c) Deputy Facility Administrator; (b)(6), (b)(7)(c)	Captain; (b)(6), (b)(7)(c) Case
Manager; (b)(6), (b)(7)(c) , Compliance Administrator; (b)(6), (l)	Health Services Administrator
(HSA); (b)(6), (b)(7)(c) Transport Manager; (b)(6), (b)(7)(c)	Executive Secretary; (b)(6), (b)(7)(c)
Training Coordinator; (b)(6), (b)(7)(c) Information Technology Ma	nnager (ITM); (b)(6), (b)(7)(c)
Programs Manager; (b)(6), (b)(7)(c) Food Service Manager (FSM	$\Lambda$ ); (b)(6), (b)(7)(c) ICE Assistant Field
Office Director (AFOD); (b)(6), (b)(7)(c) , ICE Supervisory Immi	gration Enforcement Agent
(SIEA)/Contracting Officers Technical Representative (COTR);	(b)(6), (b)(7)(c) ICE Supervisory
Detention and Deportation Officer (SDDO); (b)(6), (b)(7)(c) ICE	Detention Services Manager (DSM);
and (b)(6), (b)(7)(c) ICE COTR.	
(b)(6), (b)(7)(c) LCI, MGT	November 4, 2011
Printed Name/Title	Date
Signature:	

A. Type of Facility Reviewe	d	G. Accreditation	ı Certificate	es		
☐ ICE Service Process	ing Center	List all State or N	ational Accr	editatio	on[s] receiv	ed:
<b>ICE Contract Deten</b>	tion Facility	ACA				
☐ ICE Intergovernmen	ntal Service Agreement	Check box if	facility has n	o accr	editation[s]	
B. Current Inspection		H. Problems / C				
Type of Inspection		The Facility is un				
☐ Field Office ☐ HQ Inspe	ection	Court Order			Action Orde	er
Date[s] of Facility Review		The Facility has S				
November 1-3, 2011		Major Litigati		Life/S	afety Issues	<u> </u>
C. Previous/Most Recent Fa	ncility Review	Check if Non	e.			
Date[s] of Last Facility Review	V	I. Facility Hist	ory			
November 30 - December 2,	2010	Date Built				
Previous Rating		1989				
Meets Standards	oes Not Meet Standards	Date Last Remod	eled or Upgr	aded		
	****	2011				
D. Name and Location of Fa	acility	Date New Constr			Added	
Name	_	July 2009 / no be		led		
Broward Transitional Center	<u> </u>	Future Constructi		201	•	
Address (Street and Name) 3900 North Powerline Road		Yes No				D 1 1)
		Current Bed spac				w Beds only)
City, State and Zip Code Pompano Beach, Florida 330	172	700	Numb	er: IN/A	Date: N/A	4
County	<i>J13</i>	J. Total Facilit	v Populatio	n		
Broward		Total Facility Inta			months	
	ntive Officer (Warden/OIC/Supt.)	8,285	p			
(b)(6), (b)(7)(c) <b>Warden</b>	urve erricer (** arden ere supu)	Total ICE Man-da	ays for Previ	ous 12	months	
Telephone # (Include Area Coo	de)	249,252				
<b>954-98</b> (6), (b)(7)(c)	,					
Field Office / Sub-Office (List	Office with oversight)	K. Classificatio				
Miami, Florida	-		L-		L-2	L-3
Distance from Field Office		Adult Male	59		0	0
25 miles		Adult Female	10	5	0	0
E. ICE Information		L. Facility Capa	city			
Name of LCI (Last Name, Titl	e and Duty Station)		Rated	Ope	rational	Emergency
(b)(6), (b)(7)( <b>bLCI</b> / <b>MGT</b>	•	Adult Male	595		595	595
Name of Team Member / Title	/ Duty Location	Adult Female	105		105	105
(b)(6), (b)(7)(cCI-Security / MGT	?	☐ Facility hold	s Juveniles (	Offend	lers 16 and	older as
Name of Team Member / Title		Adults				
(b)(6), (b)(7)(cCI-Medical Care / N	MGT	M 4 D	1 D 14			
Name of Team Member / Title	/ Duty Location	M. Average Dai	•		TIGNAG	0.4
(b)(6), (b)(7)(©CI-Food Service / M		A de 14 M e 1 e	IC		USMS	Other
Name of Team Member / Title		Adult Male Adult Female	555		0	0
b(6), $(b)(7)$ (cCI-Environmental I	Health and Safety / MGT	Adult Female	70	,	0	0
F. CDF/IGSA Information (	Only	N. Facility Staf	fing Level			
Contract Number	Date of Contract or IGSA	Security:		Supp		
HSCE DM-09-D0006	April 21, 2009	(b)(6), (b)(7)(c)	(b)(	6), (b)(7	7)(c)	
Basic Rates per Man-Day		1				
\$112.12 up to 500 guaranteed	l; 501 to 700 \$6.24					
Other Charges: (If None, India						
Transportation \$222 968 02.	\$1 per detaines worker/per					

day; hospital post \$42.57 per hour; transportation overtime

\$34.29 per hour

230,400 ADP @ 640

Estimated Man-days Per Year:

#### 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.)	5-P	5-P	3-P	1-P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	5	5	3	1
Assault:	Types (Sexual Physical, etc.)	0	1-P	1-P	1-P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	1	1	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	1	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	13
Escapes	Attempted	0	1	0	0
	Actual	0	1	0	0
Grievances:	# Received	0	2	3	3
	# Resolved in favor of Offender/Detainee	0	0	0	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	106	148	148	37
	# Psychiatric Cases referred for Outside Care	30	62	39	5

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

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

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

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

	DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT				
1. N	Ieets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
	T 1 SAFETY				
1	Emergency Plans				
2	Environmental Health and Safety	$\boxtimes$			
3	Transportation (By Land)	$\boxtimes$			
PAR	T 2 SECURITY				
4	Admission and Release	$\boxtimes$			
5	Classification System	$\boxtimes$			
6	Contraband	$\boxtimes$			
7	Facility Security and Control	$\boxtimes$			
8	Funds and Personal Property	$\boxtimes$			
9	Hold Rooms in Detention Facilities	$\boxtimes$			
10	Key and Lock Control	$\boxtimes$			
11	Population Counts	$\boxtimes$			
12	Post Orders	$\boxtimes$			
13	Searches of Detainees	$\boxtimes$			
14	Sexual Abuse and Assault Prevention and Intervention	$\boxtimes$			
15	Special Management Units	$\boxtimes$			
16	Staff-Detainee Communication	$\boxtimes$			
17	Tool Control	$\boxtimes$			
18	Use of Force and Restraints	$\boxtimes$			
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	$\boxtimes$			
PAR	T 5 ACTIVITIES				
26	Correspondence and Other Mail				
27	Escorted Trips for Non-Medical Emergencies				$\boxtimes$
28	Marriage Requests	$\boxtimes$			
29	Recreation				
30	Religious Practices				
31	Telephone Access	$\boxtimes$			
32	Visitation				<u> </u>
33	Voluntary Work Program				
	T 6 JUSTICE				
34	Detainee Handbook				
35	Grievance System				<u> </u>
36	Law Libraries and Legal Material				<u> </u>
37	Legal Rights Group Presentations				
	T 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files				<u> </u>
39	News Media Interviews and Tours				1
40	Staff Training				<u> </u>
41	Transfer of Detainees	$\boxtimes$			

#### LCI REVIEW ASSURANCE STATEMENT

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

PLIANCE INSPECTOR
Signature
(b)(6), (b)(7)(c)
Date
November 4, 2011
M MEMBERS
Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) CI-Medical Care, MGT
Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) CI-Environmental Health and Safety, MGT

#### **Comments:**

In the past 12 months, the facility did not have any deaths or attempted suicides. During this same period, the facility experienced the following significant incidents:

- On 03-11-11, a detainee was being escorted to a local hospital for evaluation and was in a wheelchair being pushed by facility staff. As they approached the transport vehicle, the detainee got up from the wheelchair and ran. The transport staff was able to capture and secure him by placing him in leg restraints. The detainee was taken to the scheduled hospital trip and returned to the facility.
- On 06-15-11, at 3:30 PM, staff discovered a detainee was missing. The facility immediately started a Master Roster count and determined a Honduran detainee had escaped. Emergency Escape Plans were implemented and all appropriate notifications were made. Common areas, the perimeter and surrounding areas were searched with negative results. The investigation that followed determined the detainee has escaped by climbing a rail up the Northwest stairwell to the roof. The facility does not have a secure perimeter fence; and once on the roof, the detainee was able to make his escape. Corrective security measures have been implemented since the escape; however, the detainee is still "at large."
- On 08-05-11, there was a minor disturbance at this facility involving four Chinese detainees who refused to go to their room for count. They were passively resisting, and staff physically removed them to the medical unit for evaluation and observation.
   All four were ultimately transferred to a higher security level facility. Apparently the detainees believed they had been at the facility too long and wanted to move their situation along. All detainees were interviewed by ICE officials.

Considering the size of the detainee population, the facility reported an extremely low number of grievances filed. The primary reason for so few grievances is likely that detainees are not restricted to their housing unit and have access to the open compound almost the entire day. By not being restricted to their housing units, the detainees have direct access to staff and there is frequent interaction between detainees and facility and ICE staff. In addition, the facility only accepts non-criminal Level 1 ICE detainees.

# **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 5-11-09 update

**Intergovernmental Service Agreement (IGSA) ICE Service Processing Center (SPC)**  $\boxtimes$ **ICE Contract Detention Facility (CDF)** Name **Broward Transitional Center** Address (Street and Name) 3900 North Powerline Road City, State and Zip Code Pompano Beach, Florida 33073 County **Broward** Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) Warden (b)(6), (b)(7)(c)Name of Lead Compliance Inspector (b)(6), (b)(7)(c)Date[s] of Review From 11/1/11 to 11/3/11 Type of Review

Special Assessment

□ Other

**⊠** Headquarters

☐ Operational

# Introduction to the G324A Over 72hour 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.

# **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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**Population Counts** 

**Post Orders** 

**Searches of Detainees** 

Sexual Abuse and Assault Prevention and Intervention

**Special Management Units** 

**Staff-Detainee Communication** 

**Tool Control** 

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**Escorted Trips for Non-Medical Emergencies** 

**Marriage Requests** 

Recreation

**Religious Practices** 

**Telephone Access** 

Visitation

**Voluntary Work Program** 

#### **SECTION VI – JUSTICE**

**Detainee Handbook** 

**Grievance System** 

**Law Libraries and Legal Material** 

**Legal Rights Group Presentations** 

#### SECTION VII - ADMINISTRATION & MANAGEMENT

**Detention Files** 

**News Media Interviews and Tours** 

**Staff Training** 

**Transfer of Detainees** 

# **Performance-Based National Detention Standards**

# **Section I SAFETY**

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

# PART 1 – 1. EMERGENCY PLANS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.	$\boxtimes$			This information is found in policy BTC-1-02, Admission and Orientation, and the detainee handbook.
2.	<ul> <li>Detainees are protected from:</li> <li>Personal abuse</li> <li>Corporal punishment</li> <li>Personal injury</li> <li>Disease</li> <li>Property damage</li> <li>Harassment from other detainees</li> </ul>	$\boxtimes$			Policy BTC-3-03, Disciplinary Process, addresses this component.
3.	Staff are trained to identify signs of detainee unrest. What type of training and how often?	$\boxtimes$			This training is conducted during preservice and annual training. The training specifically addresses changes in the mood and climate in small and large groups.
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	$\boxtimes$			Staff routinely passes such information along to their respective supervisors.
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	$\boxtimes$			The staff responsible for developing and implementing the facility emergency plans are the Deputy Facility Manager and the Safety Officer.
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	$\boxtimes$			There are 18 Emergency Plan Manuals which are numbered and distributed to facility and ICE staff.
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	$\boxtimes$			The training department is responsible for emergency plans instruction during pre-service and annual training for all staff.
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	$\boxtimes$			
9.	<ul> <li>The plans address the following issues:</li> <li>Confidentiality</li> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> <li>Revisions</li> </ul>	$\boxtimes$			Facility policy addresses the issues of confidentiality, accountability, annual review and annual revisions.
10	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	$\boxtimes$			The evacuation plan addresses how to deal with disabled detainees, staff and visitors.

# 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.

quickly and effectively respond to any effergency situation				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	$\boxtimes$			The emergency plans specifically indicate the Public Information Officer (PIO) will conduct regular press conferences regarding any facility emergency to provide surrounding neighbors with status updates. (b)(7)e
<ul><li>12. The facility has cooperative contingency plans with applicable:</li><li>Local law enforcement agencies</li></ul>	]			This facility only has a cooperative
<ul> <li>State agencies</li> <li>Federal agencies</li> </ul>				agreement with one local state agency.
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.				
14. All staff receive copies of the Facility Hostage policy and procedures.				This information is specifically noted in the hostage contingency plan.
15. (b)(7)e  (b)(7)e  Within 24 hours after release, hostages are screened for medical and psychological effects.				
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	$\boxtimes$			This specific service is called the Language Line Services.
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				
18. The Food Service Department maintains at least 3-days' worth of emergency meals for staff and detainees.	$\boxtimes$			The FSM advised they have a three weeks' emergency meal supply; however, added they keep a four weeks' supply during hurricane season.
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).				The general plans identify the locations of utility shut-off valves with map locations, pictures and written instructions.
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	$\boxtimes$			This information is addressed in Contingency Plan #14 of the Emergency Plan Manual.

PART 1 – 1. E	MERGE	NCY PLAI	NS			
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		
<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>				All the bulleted areas outlined in this component are identified in written procedures. Also identified procedures in the case of a pandemic event and death of a detainee.		
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.						
PART 1 – 1. E	MERGE	NCY PLAI	NS			
	Standa	rd 🗌 N	/A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)  This facility has a cooperative agreement regarding contingency plans with the South Bay Correctional Facility to house detainees in case of a natural disaster; however, there are no cooperative contingency plans with any local or federal agencies.  Overall, the facility's plans provide for a safe living and working environment for detainees, staff and the surrounding community.  (b)(6), (b)(7)(c) November 3, 2011  Reviewer's Signature / Date (b)(6), (b)(7)(c)						

# PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

	anty standards of clearniness and samilation, sale work pre		I		l
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				The facility has a well established system for storing, issuing and maintaining inventories of hazardous materials. Policy BTC-2-02, Flammable, Caustic and Toxic Materials, addresses this component.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	$\boxtimes$			Chemical inventories were found to be up-to-date and accurate throughout the facility.
3.	<ul> <li>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>				Master MSDS files are located in the Mail Room (which is available to staff 24 hours a day), Medical, Safety and Maintenance Departments. These Master MSDS files contain a plant legend and related safety notification information as required. Area-specific MSDS were available in areas where chemicals are issued and stored.
4.	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures:  Wear personal protective equipment.  Report hazards and spills to the designated official.	$\boxtimes$			Documentation revealed orientation and annual refresher training lesson plans include chemical use and control training.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	$\boxtimes$			
6.	<ul> <li>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>	$\boxtimes$			Quantities of hazardous materials are limited and issued under proper supervision. Training documentation confirmed the detainees receive advance chemical use and control training.
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.	$\boxtimes$			
9.	All toxic and caustic materials stored in their original containers in a secure area.	$\boxtimes$			Observations revealed toxic and caustic chemicals are stored in their original containers.
10	Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	$\boxtimes$			

# PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

racinty standards of cleanliness and samitation, safe work practices,		and control of hazardous substances and equipment			
Components	Meets Standard	Does Not Meet Standard	V/N	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.	$\boxtimes$			Sterno used by the food service department contains methyl alcohol. This item is not issued to a detainee for any reason. It is properly stored and monitored.	
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	$\boxtimes$			Facility staff and detainees receive OSHA's Hazard Communication training, which includes the topics of proper use, storage and disposal of hazardous chemicals.	
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).				The Deerfield Beach Department of Fire and Rescue conducted an annual fire safety inspection on 02-25-11. Remarks included a statement that the facility is in reasonable compliance with all applicable: State and Local Fire/Life Safety Codes; NFPA 1 Florida Prevention Code; and NFPA 101 Life Safety Code. OSHA's Hazard Communication, Blood Borne Pathogen and Equipment Safety Training are conducted as required.	
14. A technically qualified staff member conducts fire and safety inspections.	$\boxtimes$			The Fire/Safety Officer conducting the fire and safety inspections has a Master's degree in Safety, over 35 years of experience in the field and is certified in Correctional Safety.	
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	$\boxtimes$			The safety office maintains records of all inspections. Follow-up corrective action is documented.	
16. <b>(MANDATORY)</b> The facility has an approved fire prevention, control, and evacuation plan.	$\boxtimes$			The Deerfield Beach Fire and Rescue Department approved the facility's fire plan on 02-23-11.	
<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>				Local policies (#01, Fire Plan; and BTC-02-01, Fire Safety Program) address the components of the fire plan as outlined in the ICE standard.	

#### PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
<ol> <li>Fire drills are conducted and documented quarterly in all facility locations including the administrative area.</li> </ol>	$\boxtimes$			Fire drills are conducted and documented by the Fire/Safety Officer. Fire drills are also recorded in the daily logs in the Control Center.
19. A sanitation program covers barbering operations.	$\boxtimes$			
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	$\boxtimes$			The facility has two designated rooms within the facility for conducting barbering and beauty shop operations.  These rooms contain appropriate equipment which meets sanitation requirements.
21. The sanitation standards are conspicuously posted in the barbershop.	$\boxtimes$			Barbershop sanitation standards are posted in three languages.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			Written procedures that regulate the disposal of used needles and sharps at this facility are found in Medical Policy 405.24, Disposal of Sharps, Needles and Syringes.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	$\boxtimes$			
<ul> <li>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.	$\boxtimes$			Spill kits are located throughout the facility. Monthly monitoring is conducted and documented by the medical department.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	$\boxtimes$			Stericycle is the licensed medical waste contractor disposing of bio-hazardous waste on a regular basis.
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$			Documentation confirmed universal precautions and blood borne pathogen training is conducted during initial orientation and annually thereafter.
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>	$\boxtimes$			Rent-to-Kill Pest Control is the licensed/certified professional on contract to conduct monthly pest control operations at this facility.

# PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			Water quality reports from the Broward County Water and Wastewater Services were available for review. Broward County routinely tests the potable water supply for this facility.
<ul> <li>31. Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>	$\boxtimes$			Documentation confirmed weekly generator testing and quarterly load bearing tests are conducted as required. Discrepancies are noted and corrected immediately.
32. The Facility appears clean and well maintained.	$\boxtimes$		П	
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	$\boxtimes$			
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	$\boxtimes$			The HSA has implemented a weekly inspection program for all the housing units to ensure sanitation levels are maintained.
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	$\boxtimes$			Documentation confirmed the HSA or designee conducts daily medical facility inspections as required.
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.	$\boxtimes$			Health services staff attend monthly Safety Meetings, provide appropriate training, monitor trends in reported injuries or illnesses, consult and implement preventive measures regarding environmental concerns.
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.	$\boxtimes$			The Medical Services Quality Assurance/Infection Control Committee reviews the facility environmental health program quarterly. Specific injuries and sources of injuries are evaluated. Communicable disease prevention and modes of transmission are reviewed.

PART 1 – 2. ENVIRONMEN	ITAL H	EALTH A	ND SA	AFETY		
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	V/N	Remarks		
<ul> <li>38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: <ul> <li>American Correctional Association,</li> <li>Occupational Safety and Health Administration,</li> <li>Environmental Protection Agency,</li> <li>Food and Drug Administration,</li> <li>National Fire Protection Association's Life Safety Code, and</li> <li>National Center for Disease Control and Prevention.</li> </ul> </li></ul>				Medical policies and procedures regarding environmental health and safety conditions meet recognized standards.		
PART 1 – 2. ENVIRONMEN	ITAL H	EALTH A	ND SA	AFETY		

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

The facility was constructed in 1997. The two-story, stucco-covered block structure has red tile roofs. Detainee rooms and many staff offices typically have one exterior door which enters into a main courtyard. Females are housed in similar rooms with doors which exit into an interior hallway. Approximately six detainees are housed in each of the rooms. Each room is designed with bathing and toilet facilities. The lighting, heat and air are controlled in the individual rooms. Doors to occupied detainee rooms are not locked. Panic-type hardware permits complete egress. Renovation projects noted on the last inspection have been completed. The budget has permitted new renovation projects which are currently underway. The facility is fully sprinkled to include sleeping areas. Many detainee rooms have individual smoke detectors. Fire alarm and detection systems have been integrated in the main buildings and annunciate in the Control Center. Magnetic fire doors have been installed during the renovation process, enhancing the level of fire protection for the detainee population. Climb-proof fencing has been installed on all upper walkways. Documentation confirmed all fire equipment is tested and inspected at appropriate intervals. The facility has a well-managed system for the control and use of hazardous chemicals. Fire, safety and sanitation inspections are conducted by trained and knowledgeable personnel.

(b)(6), (b)(7)(c) / November 3, 201 Reviewer's Signature / Date

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

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	

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	$\boxtimes$			
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.	$\boxtimes$			There are (a)(7) ransport staff, all of whom have current, up-to-date CDLs.
3.	Supervisors maintain records for each vehicle operated.	$\boxtimes$			
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	$\boxtimes$			All transport vehicles have a current, state-approved inspection on the front windshield.
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	$\boxtimes$			A Driver's Vehicle Inspection Report (DVIR) form is used to inspect every vehicle before and after every transport trip.
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>	$\boxtimes$			The DVIR is used to inspect every vehicle before and after every transport trip.
7.	<ul> <li>Transporting officers:</li> <li>Limit driving time to 10 hours in any 15 hour period when transporting detainees.</li> <li>Drive only after eight consecutive off-duty hours.</li> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.</li> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.</li> <li>During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit.</li> </ul>	$\boxtimes$			The longest transport trip is to Orlando, Florida and back, which is five to six hours total driving time. The transport supervisor has a form used to keep track of the total time any one transport officer has driven in any given week. None of the trips exceed 10 hours in any 15-hour period or exceed the 70-hour maximum during any eight consecutive days.
8.	<ul> <li>officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.</li> <li>When buses travel in tandem with detainees, there are b)(7) equalified officers per vehicle.</li> <li>An unaccompanied driver transports an empty vehicle.</li> </ul>	$\boxtimes$			Motor Coach Industries (MCI) buses used by this facility can accommodate (b)(7)estaff members.
9.	The transporting officer inspects the vehicle before the start of each detail.	$\boxtimes$			The DVIR form is used to inspect every vehicle before and after every transport trip.
10.	Positive identification of all detainees being transported is confirmed.	$\boxtimes$			

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		
	I detainees are searched immediately prior to boarding e vehicle by staff controlling the bus or vehicle.	$\boxtimes$					
tra	ne facility ensures that the number of detainees insported does not exceed the vehicle manufacturer's cupancy level.	$\boxtimes$					
13. ap	(b)(7)e oplicable contract policy when transporting detainees.	$\boxtimes$			(b)(7)e		
ра • Ас	ne vehicle crew conducts a visual count once all issengers are on board and seated.  Idditional visual counts are made whenever the vehicle akes a scheduled or unscheduled stop.	$\boxtimes$					
	olicies and procedures are in place addressing the use restraining equipment on transportation vehicles.	$\boxtimes$					
16. Of	fficers ensure that no one contacts the detainees.  One officer remains in the vehicle at all times when detainees are present.	$\boxtimes$					
17. M	eals are provided during long distance transfers.  The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	$\boxtimes$			The only time when meals are taken is when this facility is meeting the U.S. Marshal's Justice Prison Alien Transportation System (JPATS) flight. The meals meet the minimum dietary standards.		
ac	ne vehicle crew inspects all Food Service meals before recepting delivery (food wrapping, portions, quality, reantity, thermos-transport containers, etc.).  Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative.  Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.	$\boxtimes$					
19. Ve	ehicles have: (b)(7)e				(b)(7)e		

 $\boxtimes$ 

20. The vehicles are clean and sanitary at all times.

This reviewer randomly inspected

several transport vehicles and they were very clean and in good repair.

	PART 1 – 3. TRA	NSPO	RTATI	ON (BY LA	AND)	
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 control of the detainee case.	box if all ICE Transpor	rtation	is har	ndled only	by the	e ICE Field Office or Sub-Office in
Compo	nents		Meets Standard	Does Not Meet Standard	N/A	Remarks
21. Personal property of a det facility:	ainee transferring to and	other				
<ul> <li>Is inventoried.</li> </ul>			$\boxtimes$			
<ul> <li>Is inspected.</li> </ul>						
Accompanies the detail		-				
<ol><li>The following contingencie procedures for vehicle crew</li></ol>		ritten				
<ul> <li>Attack</li> </ul>						
• Escape						
Hostage-taking						
<ul><li>Detainee sickness</li><li>Detainee death</li></ul>						All of these bulleted areas are
Vehicle fire			$\boxtimes$			addressed in written policy dealing
Riot						with possible contingencies while in
Traffic accident						transport status.
Mechanical problems						
Natural disasters						
<ul> <li>Severe weather</li> </ul>						
<ul> <li>Passenger list is not e minors</li> </ul>	xclusively men or wome	en or				
	PART 1 – 3. TRA	NSPO	RTATI	ON (BY LA	AND)	
⊠ Meets Stand	ard Does Not Me	et Sta	ndard	□ N/A		Repeat Finding
Remarks: (Record significant fa	acts, observations, other	source	es usea	l, etc.)		
This facility has three, 46-passeng	er MCI buses, all of which	have fo	our areas	s to keep ind	lividual	s separated. These buses also have
(b)(7)e monitoring	behavior and drop-down Di	igital V	ersatile	Disc (DVD)	) playe	rs for longer road trips. The facility
also has: two 28-passenger air por accessible van, with lift, for handid		porters;	four 11	-passenger		
accessione van, with int, for handle	capped marviduais.	/b\/=	7\/⊏\		(D)(	7)(E)
(b)(7)(E)	TPL - 1 1 -		7)(E)		doc f	stoff to amounts and and an ill
maintained equipment. Facility po						staff to operate safe and well- ponent is thoroughly addressed.
	•	-	•		•	· • • • • • • • • • • • • • • • • • • •
(b)(6), (b)(7)(c) November 3, 2011						
Reviewer's Signature / Date	(b)(6), (b)(7)(c)					

# **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

# PART 2 - 4. ADMISSION AND RELEASE

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	$\boxtimes$			The admission processing procedures for the facility comply with all of the requirements of this component.
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.	$\boxtimes$			All medical screenings are performed by medical staff.
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.		$\boxtimes$		Detainees processed into the facility after 4 PM are not classified until the next work day. These detainees are not segregated from the general population while waiting to be classified.
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	$\boxtimes$			
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	$\boxtimes$			Detainees are not subject to a strip search as routine policy. All strip searches must be documented and approved by ICE. In the past 12 months no ICE detainee has been strip searched.
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.	$\boxtimes$			The Form I-387 is used for every lost or missing property claim and the form is forwarded to ICE.
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$			
9.	All releases are coordinated with ICE.	$\boxtimes$			ICE staff are on-site to coordinate all releases.
10.	Staff complete paperwork/forms for release as required.	$\boxtimes$			

PART 2 – 4. ADMISSION AND RELEASE						
This Detention Standard protects the community, detainees, so operations when detainees are admitted to or released from a			d contr	actors by ensuring secure and orderly		
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
11. Each detainee receives a receipt for personal property secured by the facility.	$\boxtimes$			A review of documentation confirmed compliance with the requirements of this component.		
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	$\boxtimes$			The facility has a computerized system to maintain accurate records and documentation for admission, orientation and release.		
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.				The facility provides orientation material in English, Spanish and Haitian Creole.		
PART 2 – 4. ADMISS	SION AN	ND RELEA	SE			
Remarks: (Record significant facts, observations, other sources used, etc.)  Interviews with ICE and facility staff, a review of documentation and on site-observations confirmed the facility protects the community, detainees, staff, volunteers and contractors by ensuring secure and orderly operations when detainees are admitted to, or released from, this facility.						
(b)(6), (b)(7)(c) November 3, 2011 Reviewer's Signature / Date (b)(6), (b)(7)(c)						

# PART 2 - 5. CLASSIFICATION SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	$\boxtimes$			ICE staff classifies all detainees admitted to this facility using the required objective classification system
2.	<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival.</li> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> <li>The first-line supervisor or designated classification specialist reviews every classification decision.</li> </ul>				Detainees processed into the facility after 4 PM are not classified until the next work day. These detainees are not segregated from the general population while waiting to be classified. A designated ICE classification specialist reviews every classification decision.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				The ICE Classification Officer reviews the A-File to identify and classify each new arrival.
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.	$\boxtimes$			
5.	Housing assignments are based on classification-level.	$\boxtimes$			Only detainees with a Level 1 classification are admitted to this facility. Consequently, all housing in this facility is designated as Level 1.
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	$\boxtimes$			Only detainees with a Level 1 classification are admitted to this facility; all detainees have the same recreational opportunities.
7.	Detainee work assignments are based upon classification designations.	$\boxtimes$			
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.	$\boxtimes$			
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.	$\boxtimes$			Classification appeals must be submitted to ICE. Only a designated classification specialist has the authority to reduce a classification-level on appeal.
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	$\boxtimes$			
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	$\boxtimes$			

PART 2 - 3. CLA33	IFICATI	ONSISIE	: IVI			
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.</li> </ol>	$\boxtimes$					
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.	$\boxtimes$			The facility requires male detainees to wear orange uniforms and the females are required to wear gray uniforms.		
PART 2 – 5. CLASS	IFICATI	ON SYSTE	M			
	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)						
Interviews with ICE and facility staff, a review of documentation and on site-observations confirmed the facility protects the community, detainees, staff, volunteers and contractors by ensuring secure and orderly operations when detainees are admitted to, or released from, the facility.						
(b)(6), (b)(7)(c) / November 3, 2011 Reviewer's Signature / Date (b)(6), (b)(7)(c)						

# PART 2 – 6. CONTRABAND

This Detention	Standard protects	detainees a	nd staff and	enhances	facility:	security a	ind good o	order by ide	entifying, o	detecting,
controlling, and	I properly disposing	g of contrab	and.							

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.							
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	$\boxtimes$						
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	$\boxtimes$						
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.	$\boxtimes$			Policy BTC-3-01, Control of Contraband/Security, does not allow religious items such as candles, wine or incense. Any other questionable religious items would not be confiscated without first contacting the staff chaplain.			
6.	Staff follow written procedures when destroying hard contraband that is illegal.	$\boxtimes$			Facility policy states any such hard contraband would be turned over to the ICE COTR or designee.			
7.	<ul> <li>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 stored in accordance with the Detention Standard on Funds and Personal Property.</li> </ul>	$\boxtimes$			Although this facility does retain hard contraband to use for staff training purposes, it is rarely done. Soft contraband is either mailed to a third party or stored in accordance with the standard on Funds and Personal Property.			
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	$\boxtimes$			The detainee handbook outlines the procedures for handling contraband.			
9.	Facilities with Canine Units only use them for contraband detection.			$\boxtimes$	This facility does not use canines for any reason.			
	PART 2 – 6. C	ONTRA	BAND		1			

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

The contraband policy, practice and procedures allow this facility to maintain a safe environment. Staff has a good understanding of the contraband policy and are alert to the introduction of contraband.

(b)(6), (b)(7)(c)	November 3, 2011
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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
	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	$\boxtimes$			Both the Warden and the Deputy Facility Administrator visit the detainee housing units on a weekly basis.
2.	At least one male and one female staff are on duty where both males and females are housed.	$\boxtimes$			
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	$\boxtimes$			This function is performed by the Captain.
4.	Essential posts and positions are filled with qualified personnel.	$\boxtimes$			
5.	Every Control Center officer receives specialized training.	$\boxtimes$			
6.	Policy restricts staff access to the Control Center.	$\boxtimes$			The Control Center remains locked and normally only allows access to assigned staff, supervisory staff and above.
7.	Detainees do not have access to the Control Center.	$\boxtimes$			Detainees are not allowed inside the Control Center.
8.	Communications are centralized in the Control Center.	$\boxtimes$			Most communication is centralized through the Control Center staff.
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	$\boxtimes$			
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	$\boxtimes$			The Control Center staff maintains an up- to-date roster of facility staff in case of emergency situations.
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	$\boxtimes$			
12.	(b)(7)e	$\boxtimes$			(b)(7)e
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	$\boxtimes$			
14.	The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			The front entrance staff does require identification of everyone prior to entering the facility. Everyone must also go through a metal detector.
15.	All visits officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			Every visitor is documented into a manual logbook and also electronically.
16.	The facility has a secure, color-coded visitor pass system.	$\boxtimes$			This facility uses a color-coded pass system.
17.	Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$			This function is performed by the perimeter patrol officer.

# 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.

racinty security is maintained and that events that pose a nor				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: <ul> <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> </li> </ul>		$\boxtimes$		This facility does not record the driver's name or the vehicle license plate number. They do record the company represented, delivery date and time, date and time out and the responsible staff member for the vehicle (who is the perimeter patrol officer).
19. Officers thoroughly search each vehicle entering and leaving the facility.		$\boxtimes$		Vehicles are not searched as they enter or depart the facility. The contents of the vehicle are off loaded under the watch of the perimeter patrol officer. The responsible department is then notified to move the items inside the facility.
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$			This information is contained in Policy BTC-3-01, Control and Distribution of Contraband/Searches.
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.				
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	$\boxtimes$			This facility is a minimum security facility and has a six-foot block wall surrounding the entire perimeter.
23. Written procedures govern searches of detainee housing units and personal areas.				
24. Housing area searches occur at irregular times.	$\boxtimes$			
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	$\boxtimes$			The housing units are in a square with the housing unit doors on the inside of the square. Staff has views of all housing unit doors and this structural format facilitates good interaction among detainees and staff.
26. There are post orders for every security officer post.	$\boxtimes$			
27. Detainee movement from one area to another area is controlled by staff.	$\boxtimes$			
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	$\boxtimes$			

#### 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	W/A	Remarks
29. Every search of the SMU and other housing units is documented.	$\boxtimes$			Because this is a minimum security facility, there is no Special Management Unit (SMU). Any detainee in need of segregation would be transferred to a higher security level facility. All regular housing units are searched and documented.
30. The SMU entrance has a sally port.			$\boxtimes$	Because this is a minimum security facility, there is no SMU. Any detainee in need of segregation would be transferred to a higher security level facility.
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.			$\boxtimes$	Because this is a minimum security facility, there is no SMU. Any detainee in need of segregation would be transferred to a higher security level facility.
<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>				Policy BTC-3-14, Reports, Logs and Inspections, defines the: posts to be inspected; required inspection forms; frequency of inspections; check of security features; and how staff should report security weak spots.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.				This information is placed in the unit logbook.
34. Documentation of security inspections is kept on file.	$\boxtimes$			
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	$\boxtimes$			Any recurring weakness is reported to immediate supervisors.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	$\boxtimes$			All contractor tools entering and departing the facility are inventoried by correctional staff.
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	$\boxtimes$			
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	$\boxtimes$			
<ul> <li>39. Daily procedures include:</li> <li>Perimeter alarm system tests.</li> <li>Physical checks of the perimeter fence.</li> <li>Documenting the results.</li> </ul>				(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.	$\boxtimes$			This is the responsibility of the Captain.

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	
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	$\boxtimes$				
FACILITY SECUR	ITY AN	ID CONT	ROL		
	tandar	d 🗌 N	/A	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sour	ces use	ed, etc.)			
Staff is aware of policy requirements as they relate to security concerns. The training they receive prepares them well for implementing local policies regarding shakedowns, observing detainees for any unusual behaviors, documenting the results of security checks and passing along to their immediate supervisors any observed concerns regarding problems or lapses of security.					
(b)(6), (b)(7)(c)/ November 3, 2011 Reviewer's Signature / Date (b)(6), (b)(7)(c)					

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
fund	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.  Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	$\boxtimes$			Policy BTC-1-06, Funds/Property, requirements and observed practice ensure detainee funds and valuables are appropriately separated and stored and accessible to designated supervisors only.		
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.	$\boxtimes$			Local policy requires staff to search detainees and their property upon arrival. Funds, valuables and other personal property are inventoried using forms which meet the ICE standard.		
4.	(b)(7)e officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)(E) officers verify funds and valuables.	$\boxtimes$			Documentation and observed practice confirms(b)(7) officers are present during the in-processing of detainee funds and valuables.		
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	$\boxtimes$					
6.	Staff gives the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	$\boxtimes$					
7.	Staff forwards an arriving detainee's medicine to the medical staff.	$\boxtimes$					
8.	Staff searches arriving detainees and their personal property for contraband.	$\boxtimes$					
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	$\boxtimes$			Property discrepancies are reported to the shift supervisor. The Captain initiates an investigation of all claims of lost/damaged property.		
10.	Staff follows written procedures when returning property to detainees.	$\boxtimes$			Written procedures for returning property to detainees is outlined in the handbook and discussed during the verbal orientation to the facility.		
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	$\boxtimes$					

	PART 2 - 8. FUNDS AND						
func	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		
12.	<ul> <li>The facility attempts to notify an out-processed detainee that he/she left property in the facility.</li> <li>By sending written notice to the detainee's last known address; via certified mail;</li> <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>	$\boxtimes$			Written policy and practice requires the facility to attempt to notify a detainee that s/he has left property behind at the facility.		
13.	Staff obtains a forwarding address from each detainee.	$\boxtimes$					
14.	It is standard procedure for two officers 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.	$\boxtimes$			This facility uses G-589s which are issued and maintained in numerical order.		
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.	$\boxtimes$					
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	$\boxtimes$			Logbook entries verify officers record each issuance of a G-589.		
18.	Staff tags large valuables with both a G-589 and an I-77.	$\boxtimes$					
19.	The supervisor verifies the accuracy of every G-589.						
20.	<ul> <li>The supervisor ensures that:</li> <li>Detainee funds are, without exception, deposited into the cash box;</li> <li>Every property envelope is sealed.</li> <li>All sealed property envelopes are placed in the safe.</li> <li>Large, valuable property is kept in the secured locked area.</li> </ul>	$\boxtimes$			The shift lieutenant verifies detainee funds and ensures the envelope is sealed prior to placement in the cash box. Additionally, the lieutenant verifies the accuracy of every G-589 and I-77 issued.		
21.	Staff tags every baggage/facility container with an I-77, completed in accordance with the ICE standard.	$\boxtimes$					
22.	Staff secures every container used to store property with a tamper-proof numbered strap.	$\boxtimes$			Staff secures every property container with tamper-proof tape.		
23.	A logbook records detainee name, A- number/detainee- number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	$\boxtimes$			Property logbook entries include the detainee name, A-number, I-77 number, property description, date issued and date returned. Tamper-		

proof tape is used to secure property boxes in lieu of numbered security

straps.

	PART 2	- 8. FUNDS AND	PERSC	NAL PRO	PERT	Υ				
fund	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				
24.	In SPCs, the Supervisory Immigration Agent, accompanied by a detention conducts a comprehensive weekly and	n staff member			$\boxtimes$	The requirements of this component only apply to SPCs. Weekly audits are not conducted by the ICE supervisory staff at this facility.				
25.	The Facility Administrator has estable audits of baggage and non-valuable pupolicy, the audits occur each quarter verified and entered in the log.	roperty as facility	$\boxtimes$			Documentation confirmed quarterly audits of the properly room are conducted in conjunction with the ICE COTR assigned to the facility.				
26.	The facility positively identifies every released or transferred.	detainee being								
27.	<ol> <li>Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.</li> </ol>					Policy BTC-1-20, Personal Detainee Property Claims, outlines procedures for the handling of lost/damaged property claims. Claims are investigated and reports are maintained.				
28.	Every lost/damaged property report accordance with the ICE standard equivalent). The Facility Administrator and staff place the original in the cretaining a copy in the detainee's determined to the standard of the standard or the standard of the standard or the standard	on an I-387 (or receives a copy detainee's A-file,	$\boxtimes$							
	PART 2	- 8. FUNDS AND	PERSO	NAL PRO	PERT	Υ				
	⊠ Meets Standard ☐ □	oes Not Meet St	andard	□ N/A		☐Repeat Finding				
Rer	narks: (Record significant facts, observa	ations, other sourc	es usec	d, etc.)						
are a	The facility's policy and practice serve to ensure detainee property is properly separated, inventoried and stored. Funds and valuables are accessible to designated supervisors. The facility uses property inventory and lost/damaged forms that are either issued by ICE or which meet the requirements outlined in the ICE standard.									
	(6), (b)(7)(c) / November 3, 2011 riewer's Signature / Date (b)(6	i), (b)(7)(c)								

#### 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.			$\boxtimes$	The facility does not have hold rooms.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.			$\boxtimes$	The facility does not have hold rooms.
3.	The hold rooms contain sufficient seating for the number of detainees held.			$\boxtimes$	The facility does not have hold rooms.
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.			$\boxtimes$	The facility does not have hold rooms.
5.	Hold room walls and ceilings are escape and tamper resistant.			$\boxtimes$	The facility does not have hold rooms.
6.	Detainees are not held in hold rooms for more than 12 hours.			$\boxtimes$	The facility does not have hold rooms.
7.	Male and females detainees are segregated from each other at all times.			$\boxtimes$	The facility does not have hold rooms.
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.			$\boxtimes$	The facility does not have hold rooms.
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.			$\boxtimes$	The facility does not have hold rooms.
10.	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.			$\boxtimes$	The facility does not have hold rooms.
11.	<ul> <li>When the last detainee has been removed, the hold room is inspected for the following:</li> <li>Cleaning.</li> <li>Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.</li> </ul>			$\boxtimes$	The facility does not have hold rooms.
12.	<b>(MANDATORY)</b> There is a written evacuation plan.  There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.			$\boxtimes$	The facility does not have hold rooms.
13.	An appropriate emergency service is called immediately upon a determination that a medical emergency exists.			$\boxtimes$	The facility does not have hold rooms.
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).  If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee.			$\boxtimes$	The facility does not have hold rooms.

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are:  Compliant with the American Disabilities Act.  Small hold rooms (1 to 14 detainees) have at least one combi-unit.  Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.			$\boxtimes$	The facility does not have hold rooms.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			$\boxtimes$	The facility does not have hold rooms.
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.			$\boxtimes$	The facility does not have hold rooms.
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.			$\boxtimes$	The facility does not have hold rooms.
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.			$\boxtimes$	The facility does not have hold rooms.
<ul> <li>20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell.</li> <li>The log includes the required information specified in the standard.</li> </ul>			$\boxtimes$	The facility does not have hold rooms.
<ul> <li>21. Officers provide a meal to any detainee detained in a hold room for more than six hours.</li> <li>Juveniles, babies and pregnant women have access to snacks, milk or juice.</li> <li>Meal are served to juveniles regardless of time in custody</li> </ul>			$\boxtimes$	The facility does not have hold rooms.
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.			$\boxtimes$	The facility does not have hold rooms.
23. The maximum occupancy for the hold room will be posted.			$\boxtimes$	The facility does not have hold rooms.
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.			$\boxtimes$	The facility does not have hold rooms.
25. Staff does not permit detainees to smoke in a hold room.			$\boxtimes$	The facility does not have hold rooms.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES									
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.									
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
<ul> <li>26. Officers closely supervise hold rooms through direct supervision, to ensure:</li> <li>Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and</li> <li>Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments."</li> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul>			$\boxtimes$	The facility does not have hold rooms.					
PART 2 – 9. HOLD ROOMS	IN DET	ENTION F	ACILIT	TIES					
	andard	□ N/A		☐Repeat Finding					
Remarks: (Record significant facts, observations, other sources used, etc.)  Because this facility only houses security level one or minimum security detainees, they do not have any hold rooms. They do have an intake processing room where all detainees are admitted and released, but there are no holding rooms in this area. There is a small area where detainees awaiting to be admitted or released are placed until staff can process them.									
(b)(6), (b)(7)(c) / November 3, 2011 Reviewer's Signature / Date (b)(6), (b)(7)(c)									

#### 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 current security officer has locksmith training with a variety of approved vendors.
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$			
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	$\boxtimes$			The security officer does train all staff in key and lock control at both preservice and annual training.
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			Inventories are well maintained by the security officer.
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			
6.	Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$			
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	$\boxtimes$			There are four safes which require the integrity of the combinations to be maintained.
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$			
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	$\boxtimes$			
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.	$\boxtimes$			
12.	Padlocks and/or chains are not used on cell doors.				
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.	$\boxtimes$			(b)(7)e

DADTO	40	VEV	AND	OCK	CONTROL

This Detention	Standard	maintains	facility s	safety an	d security	by requiring	that keys	s and locks	be properly	controlled	and
maintained.											

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	<ul> <li>Procedures in place to ensure that key rings are:</li> <li>Identifiable</li> <li>Numbers of keys on the ring are cited?</li> <li>Keys cannot be removed from issued key rings</li> </ul>	$\boxtimes$			The Key Watcher System automatically tracks staff that pick up their keys. (b)(7)e  (b)(7)e  reader. The system then opens the door and staff may withdraw their keys. They use the same process to return their keys.
	Emergency keys are available for all areas of the facility.				
17.	The facility uses a key accountability system.				The Key Watcher System is in place at this facility.
	Authorization is necessary to issue any restricted key.	$\boxtimes$			
19.	<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>	$\boxtimes$			(b)(7)e  All are located in an area where neither detainees nor the public have access.
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	$\boxtimes$			All facility keys are counted by Control Center staff on the morning watch.
21.	<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>	$\boxtimes$			The security officer trains all staff for the proper handling of keys. Should keys be taken home, policy requires staff to return them immediately. Immediate supervisors are notified anytime a key or key ring is lost, unaccounted for or misplaced. Detainees are not allowed to handle any keys or key sets.
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	$\boxtimes$			The security officer shared his logbooks showing he inspects, maintains and inventories all keys and locks on a monthly basis.
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	$\boxtimes$			
24.	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	$\boxtimes$			
25.	The splitting of key rings into separate rings is not authorized.	$\boxtimes$			
	PART 2 – 10. KEY AI	ND LOC	CK CONTR	OL	
		andard	□ N/A		☐Repeat Finding

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

After reviewing the policy, procedures and practices of key and lock control, this reviewer confirmed the standard is being met. The security officer is well trained and has multiple locksmith certificates from: Foley-Belgaw Institute; Montgomery Technologies, Inc.; Folgers Adams; Medeco Locking; Adtec Detention Systems; and RR Brink Locking System. All locks, doors and keys are checked every month and the inventories are all well documented.

(b)(6), (b)(7)(c) November 3, 2011 Reviewer's Signature / Date

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

	PART 2 – 11. POPULATION COUNTS										
	is Detention Standard protects the community from harm ar it each facility have an ongoing, effective system of popula										
	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.	$\boxtimes$			Count times occur at 12:30 AM, 2 AM, 5 AM, 1 PM and 8 PM. The last count of the day is a face-to-photo count.						
2.	Activities cease or are strictly controlled while a formal count is being conducted.	$\boxtimes$			All movement stops during each count.						
3.	There is a system for counting each detainee, including those who are outside the housing unit.	$\boxtimes$									
4.	Formal counts in all units take place simultaneously.	$\boxtimes$			(b)(7)estaff will start at one point and work their way around the housing units. Each area is counted one after the other by thesq <sub>b)(7)</sub> staff.						
5.	Officers do not allow detainee participation in the count.	$\boxtimes$			This is detailed in Policy BTC-3-07, Movement and Count.						
6.	A face-to-photo count follows each unsuccessful recount.	$\boxtimes$			This is detailed in Policy BTC-3-07.						
7.	Officers positively identify each detainee before counting him/her as present.	$\boxtimes$			This is detailed in Policy BTC-3-07.						
8.	Written procedures cover informal and emergency counts.				This is detailed in Policy BTC-3-07.						
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	$\boxtimes$			The Control Room officer accomplishes this function.						
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.	$\boxtimes$			Training is documented in each individual employee's training record.						
	PART 2 – 11. POP	ULATIO	N COUNT	S							
		andard	□ N/A		☐Repeat Finding						
Re	marks: (Record significant facts, observations, other source	es used	d, etc.)								
PM	A count was observed by the review team during the second day of the inspection. The count began at 1:15 PM and cleared at 1:58 PM. The facility count was 73 female detainees and 564 male detainees for a total of 637 detainees. There are five count times each day, with the last one being a face-to-photo count.										
	6), (b)(7)(c)/ November 3, 2011 viewer's Signature / Date (b)(6), (b)(7)(c)										

#### PART 2 – 12. POST ORDERS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Every fixed post has a set of Post Orders.	$\boxtimes$			
2.	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	$\boxtimes$			This facility, as a CDF, does use the six-part folder for all post orders.
	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	$\boxtimes$			
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	$\boxtimes$			The Captain is assigned this responsibility.
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	$\boxtimes$			The review function is conducted annually or as needed.
6.	The facility administrator authorizes all Post Order changes.	$\boxtimes$			
7.	The facility administrator has signed and dated the last page of every section.	$\boxtimes$			The Warden signs all post orders.
	A Post Orders master file is available to all staff.				
9.	Procedures keep Post Orders and logbooks secure from detainees at all times.	$\boxtimes$			
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.	$\boxtimes$			Any time staff members work any post, whether it is permanent or temporary, they are required to read and sign Post Orders.
12.	In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	$\boxtimes$			
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	$\boxtimes$			Any staff assigned to an armed post is required to qualify four times per year.
14.	Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:				
	<ul> <li>Any staff member who is taken hostage is considered to be under duress, and</li> </ul>	$\boxtimes$			(b)(7)(E)
	<ul> <li>Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.</li> </ul>				
	Post Orders for armed posts provide instructions for escape attempts.	$\boxtimes$			
16.	The Post Orders for housing units track the daily event schedule.				
17.	Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	$\boxtimes$			

PART 2 – 12. POST ORDERS										
⊠ Meets Stand	dard 🗌	Does Not Meet S	tandard	□ N/A	☐Repeat Finding					
Remarks: (Record significant facts, observations, other sources used, etc.)										
Post Order Manuals are located in Human Resources; Training Office			-	ı; Deputy Fac	cility Administrator; Administr	rative Captain;				
(b)(6), (b)(7)(c)/ November 3, 2011 Reviewer's Signature / Date	(b)(6), (b)(	7)(c)								

PART 2 -	13	SFAF	CHES	OF	DET	AINFES

This Detention	on Standard pro	otects detainees	and staff and	enhances fa	acility secur	ity and good	order by detecting,	controlling,
and properly	disposing of co	ontraband.						

and property disposing of contraband.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
There are written policy and procedures governing searches of housing areas, work areas and of detainees				Policy BTC-3-01, Control and Disposition of Contraband/Searches, addresses this component.			
<ol> <li>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 or suspected introduction or concealment.</li> </ol>				The requirements of this component are included in Policy BTC-3-18, Strip Searches.			
<ol> <li>Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the exten- practicable.</li> </ol>				The requirements of this component are included in Policy BTC-3-18.			
<ol> <li>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.</li> </ol>				The requirements of this component are included in Facility Policy BTC-3-01.			
<ol><li>Detainees are pat searched and screened by meta detectors routinely to control contraband.</li></ol>							
<ol> <li>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.</li> </ol>				Detainees are not subject to a strip search as routine policy. All strip searches must be documented and approved by ICE. In the past 12 months no ICE detainee has been strip searched.			
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.				The requirements of this component are included in Policy BTC-3-01.			
<ol> <li>"Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures</li> </ol>				There are no "Dry Cells" in this facility			
<ol> <li>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.</li> </ol>							
10. Canines are not used in the presence of detainees	$\boxtimes$			Canines have not been used by the facility in the past 12 months.			
PART 2 – 13. SEA	RCHES	OF DETAIL	NEES				

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

A review of documentation and staff interviews confirmed the facility has the proper policy and procedures in place to protect detainees and staff and enhance facility security and good order by detecting, controlling and properly disposing of contraband.

(b)(6), (b)(7)(c) / November 3, 2011
Reviewer's Signature / Date (b)(6), (b)(7)(c)

#### 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.	$\boxtimes$			Policy BTC-1-15, Sexual Assault/Abuse Prevention/Intervention, addresses this component.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.		$\boxtimes$		The written policy and procedure has not been approved by the ICE FOD.
3.	Tracking statistics and reports are readily available for review by the inspectors.	$\boxtimes$			There have been no reported incidents, as documented in tracking statistics and reports.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	$\boxtimes$			All staff is trained during initial orientation and annually in the prevention and intervention areas as documented in training records.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	$\boxtimes$			Detainees are informed about the program in facility orientation and the detainee handbook during the intake process.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	$\boxtimes$			The Sexual Assault Awareness Notice is posted in English and Spanish in the: female housing unit; on the male housing unit bulletin board; in the female laundry room; in the Health Service Unit (HSU) waiting areas; in the Booking/Intake area; and in the exam room in the Booking/Intake area.
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	$\boxtimes$			The Sexual Assault Awareness information brochure is available for detainees in English and Spanish.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	$\boxtimes$			Detainees are screened upon arrival for "high risk" sexual assaultive and victimization potential and housed and counseled accordingly. Detainees convicted of sexual crimes are not housed at this facility.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.			$\boxtimes$	There have been no incidents of sexual abuse or assault by a detainee on a detainee reported in the past year; therefore, there have been no incidents documented.
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.			$\boxtimes$	There have been no incidents of sexual abuse or assault by a staff member on a detainee reported in the past year; therefore, there have been no incidents documented.

DADTO 44	CEVILAL	ADUCE AND	ACCALL.	T DDEVENTION	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			
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.	$\boxtimes$			The Sexual Assault/Abuse Prevention/Intervention policy addresses the required chain-of- command reporting. However, there have been no incidents reported since the 2010 review and interventions cannot be measured.			
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.	$\boxtimes$			Policy requires staff to investigate, gather and maintain evidence, and make referrals to appropriate law enforcement agencies when there is an alleged sexual assault.			
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	$\boxtimes$			Policy requires the Warden to notify ICE, the DHS COTR, and GEO Headquarters, among others.			
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	$\boxtimes$			Policy requires the victim to be transported to a local hospital for physical exam and evidence collection after consent is given by the detainee.			
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.			$\boxtimes$	Although this would be done, there have been no incidents of sexual abuse or assault reported in the previous 12 months. Therefore, there were no records to review.			
SEXUAL ABUSE AND ASSAULT	PREVE	NTION AN	ND INT	ERVENTION			

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

There have been no incidents of sexual abuse or assault reported since the last inspection. The facility has extensive policy and procedure and training in the area of sexual assault and prevention. Detainees are informed by various means, in English and Spanish, about the Sexual Abuse and Assault Prevention and Intervention Program.

The ICE FOD has not approved the written policy and procedure for the Sexual Abuse and Assault Prevention and Intervention program. It was reported that the policy and procedure is undergoing review and will be submitted for FOD approval when the review is completed.

(b)(6), (b)(7)(c) / November 3, 2011 Reviewer's Signature / Date	(b)(6), (b)(7)(c)

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Written policy and procedures are in place for special management units.			$\boxtimes$	The facility does not have an SMU.
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.			$\boxtimes$	The facility does not have an SMU.
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.			$\boxtimes$	The facility does not have an SMU.
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
9.	A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).  In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.			$\boxtimes$	The facility does not have an SMU.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<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>			$\boxtimes$	The facility does not have an SMU.
<ul> <li>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:</li> <li>In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.</li> <li>In CDFs and IGSA facilities form I-888 or a comparable form is used.</li> <li>In SPCs and CDFs:</li> <li>By the end of each shift, the special housing unit officer records: <ul> <li>Whether the detainee ate, showered, exercised, and took any medication, and</li> <li>Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc.</li> <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>			$\boxtimes$	The facility does not have an SMU.
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.			$\boxtimes$	The facility does not have an SMU.
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.			$\boxtimes$	The facility does not have an SMU.
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.)			$\boxtimes$	The facility does not have an SMU.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).			$\boxtimes$	The facility does not have an SMU.
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).			$\boxtimes$	The facility does not have an SMU.
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.			$\boxtimes$	The facility does not have an SMU.
18. The facility administrator (or designee) visits each SMU daily.			$\boxtimes$	The facility does not have an SMU.
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).				The facility does not have an SMU.
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.			$\boxtimes$	The facility does not have an SMU.
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.			$\boxtimes$	The facility does not have an SMU.
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.			$\boxtimes$	The facility does not have an SMU.
23. Detainees in an SMU may write and receive letters the same as the general population.				The facility does not have an SMU.
24. Detainees in an SMU ordinarily retain visiting privileges.			$\boxtimes$	The facility does not have an SMU.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.			$\boxtimes$	The facility does not have an SMU.
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.			$\boxtimes$	The facility does not have an SMU.
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.			$\boxtimes$	The facility does not have an SMU.
30.	Ordinarily, detainees in SMUs are not denied legal visitation.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
34.	Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.  Detainee requests for access to legal material in their			$\boxtimes$	The facility does not have an SMU.
	personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.				

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.			$\boxtimes$	The facility does not have an SMU.
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.			$\boxtimes$	The facility does not have an SMU.
<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>			$\boxtimes$	The facility does not have an SMU.
38. Recreation for detainees in the SMU is separate from the general population.			$\boxtimes$	The facility does not have an SMU.
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.)			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.  Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation.  When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.				The facility does not have an SMU.
42. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.			$\boxtimes$	The facility does not have an SMU.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances.  The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.				The facility does not have an SMU.
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU.				
	Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.				The facility does not have an SMU.
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.  (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)				The facility does not have an SMU.

	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				The facility does not have an SMU.
47.	be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.  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.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.			$\boxtimes$	The facility does not have an SMU.
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.				The facility does not have an SMU.
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.				The facility does not have an SMU.
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.			$\boxtimes$	The facility does not have an SMU.
54.	Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).  The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.  When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.			$\boxtimes$	The facility does not have an SMU.

	PART 2 – 15. SPECIAL MANAGEMENT UNITS					
cert	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
55.	The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.  A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).  At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.  The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no			$\boxtimes$	The facility does not have an SMU.	
	longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.  All review documents are placed in the detainee's detention file.  PART 2 – 15. SPECIAL	MANA	GEMENT U	JNITS		
		andard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.)						
Because this facility only houses minimum security level detainees, they do not have an SMU. Should a detainee become unruly and need greater controls than offered in this security Level 1 facility, they are transferred to a higher security-level facility which does have an SMU.						
	November 3, 2011 iewer's Signature / Date (b)(6), (b)(7)(c)					

#### 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			
The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.				The ICE contract monitor ensures compliance with the requirements of this component.			
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	$\boxtimes$						
<ol><li>Scheduled visits are posted in ICE/DRO detainee housing areas.</li></ol>				A schedule for weekly visits with detainees by ICE staff is posted in various areas of the housing units.			
<ol> <li>Visiting ICE staff observe and note current climate and conditions of confinement.</li> </ol>	$\boxtimes$			A log is maintained by ICE staff which confirms compliance with the requirements of this component.			
5. ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	$\boxtimes$						
6. The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.							
<ol> <li>A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.</li> </ol>				On-site observations confirmed compliance with the requirements of this component.			
8. Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,				Keys to the box containing Detainee Requests Forms are only available to ICE staff.			
<ol> <li>ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.</li> </ol>				A log is maintained by ICE staff which confirms compliance with the requirements of this component.			
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.							
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	$\boxtimes$			On-site observations confirmed compliance with the requirements of this component.			
12. Daily telephone serviceability checks are documented in the housing unit logbook.	$\boxtimes$						
PART 2 – 16. STAFF-DE	TAINE	СОММИ	NICAT	TION			

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

On-site observations, interviews with ICE and facility staff and a review of documentation confirmed the facility enhances security, safety and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees. The Hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG) are posted in various areas of the facility that are accessible to detainees.

(b)(6), (b)(7)(c) / November 3, 2011 Reviewer's Signature / Date (b)(6), (b)(7)(c)

#### **PART 2-17. TOOL CONTROL**

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	<b>(MANDATORY)</b> There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The facility maintenance manager is the designated person responsible for the tool control program.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries.  If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	$\boxtimes$			Restricted, or Class A tools, are stored outside the secure perimeter. Non-restricted, or Class AA tools, are maintained within the tool shop area.
3.	<b>(MANDATORY)</b> The use of tools, keys, medical equipment, and culinary equipment is controlled.	$\boxtimes$			The tool shop, kitchen and HSU were inspected by this reviewer and inventories and checklists were current and up-to-date.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	$\boxtimes$			
5.	Tool inventories are required for:  • Facility Maintenance Department  • Medical Department  • Food Service Department  • Electronics Shop  • Recreation Department  • Armory	$\boxtimes$			Tool inventories for the maintenance, HSU, food service, and armory areas were current. This facility does not have an electronics shop. They have a recreation area; however, there are no tools in the area.
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>	$\boxtimes$			Tools are inventoried daily, monthly, quarterly and annually by the respective department heads. The Maintenance/ Tool Officer also makes random, unannounced reviews of all areas that have tools in their departments.
8.	The facility has a tool classification system. Tools are classified according to:  Restricted (dangerous/hazardous)  Non Restricted (non-hazardous).	$\boxtimes$			Tools are classified as Class A (restricted) and Class AA (non-restricted).
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	$\boxtimes$			

#### PART 2-17. TOOL CONTROL

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operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
that all to identifiable.	olicies and procedures in place to ensure ols are properly marked and readily	$\boxtimes$			All tools are etched by the maintenance department. They keep a manual and electronic copy of these inventories.	
<ul> <li>The sys accounta</li> <li>Tools ar shadows</li> <li>Shadow</li> <li>Restricte</li> <li>Non-rest</li> <li>Common are store readily no</li> </ul>	re stored on shadow boards in which the resemble the tool. boards have a white background. ed tools are shadowed in red. tricted tools are shadowed in black. hly used tools (tools that can be mounted) ed in such a way that missing tools are officed.				All tools are on a shadow board with a white background. Restricted tools are displayed in red and non-restricted are displayed in black. Any missing tool is easily recognized as it either has a staff chit on it or a note it is being replaced or is broken.	
removed fro 13. Tools not ad	ved from service have their shadows m shadow boards.  aptable to a shadow board are stored in a er or cabinet.				All tools which do not lend themselves to a shadow board were found in either a	
	s are stored under lock and key.				locked cabinet or drawer.	
·	has procedures for the issuance of tools to				A chit system is used for staff to check out tools.	
of lost tools.  Verbal ar  Procedur	The policy and procedures to address the issue The policy and procedures include: and written notification. The set for detainee access.  The policy and procedures include: and written notification.  The policy and procedures include: and written notification.				Although detainees are allowed to work at this facility, they are not issued tools. They may, however, be allowed to use non-restricted tools in the presence of an employee.	
	orn out tools are surveyed and disposed of oriate and secure manner.	$\boxtimes$				
under contra inventory o departure fr	contract repairs and maintenance workers act with ICE, or other visitors, submit an f all tools prior to admittance into or om the facility. The inventory is reviewed prior to the contractor entering/departing				There is a great deal of construction going on at this facility and all contractor tools are inventoried upon entry into, and departure from, the facility.	
19. Hoses longe a restricted	er than three feet in length are classified as tool.	$\boxtimes$			All such hoses are kept outside the secure perimeter fence.	
	ed for in-processing detainees are tethered ire (e.g. table, counter, etc.) where they are	$\boxtimes$				
	PART 2-17. T	OOL C	ONTROL			

⊠ Meets Stand	dard 🗌 Doe	es Not Meet Standard	□ N/A	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.)					
The tool control policies are well written. Tools are classified, etched and stored appropriately, with current ongoing inventories maintained. Outside contractors entering the facility have their tools inventoried upon entry into, and departure from, the facility.					
(b)(6), (b)(7)(c) November 3, 2011 Reviewer's Signature / Date	(b)(6), (b)(7)(c)				

#### PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.	$\boxtimes$			Policy BTC-3-04, entitled Use of Force (UOF), addresses this component.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	$\boxtimes$			
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.	$\boxtimes$			Confrontation avoidance is used prior to any actual UOF being attempted.
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.				Part of the pre-service and annual training teaches staff to use interpersonal communication skills whenever possible.
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures.  Ranking detention official, health professional, and others confer before every calculated use of force.				Management staff evaluates each situation and only uses calculated UOF if absolutely needed.
6.	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.	$\boxtimes$			
7.	<ul> <li>Under staff supervision.</li> <li>Staff members are trained in the performance of the Use-of-Force Team Technique.</li> </ul>	$\boxtimes$			All staff is trained in the UOF team technique.
8.	All use-of-force incidents are documented and reviewed.				
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 UOF incidents are audio and visually recorded and subsequently reviewed by management staff to ensure proper procedures were followed. They also use them as training tools to improve the overall UOF process.
10.	<ul> <li>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>				Levels of control, as prescribed in facility policy, require: verbal direction; a show of force; and then use of restraints. No force is used as punishment.

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Meets Standard	Does Not Meet Standard	N/A	Remarks
$\boxtimes$			Only the medical authority would make the decision to use medication for restraint purposes.
			Staff wears protective equipment to ensure neither detainees nor staff are exposed to communicable diseases. This information is outlined in facility policy.
			(b)(7)(E)
			would be removed from the facility and transferred to a higher security level facility, pursuant to Policy BTC- 3-04, UOF.
		$\boxtimes$	
			(b)(7)(E)
		$\boxtimes$	
$\boxtimes$			
$\boxtimes$			
$\boxtimes$			(b)(7)(E)
		$\boxtimes$	There is no SMU at this at this facility.

	OF FORCE	

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	
20. Special precautions are taken when restraining pregnant detainees.	$\boxtimes$				
Medical personnel are consulted					
21. Protective gear is worn when restraining detainees with open cuts or wounds.				Staff has the proper equipment to protect them from disease or open wounds.	
22. Staff document every use of force, including what type of restraints was used during the incident.					
23. It is standard practice to review any use of force and the non-routine application of restraints.	$\boxtimes$			All UOF incidents and uses of restraints are reviewed by management staff to ensure compliance with facility policy.	
<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>	$\boxtimes$			Staff is trained to first use confrontation avoidance, where possible. Staff is also trained in self-defense.	
25. All staff authorized to use OC spray 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.			$\boxtimes$	(b)(7)(E)	
26. The use of canines is restricted to contraband detection purposes only.			$\boxtimes$	This facility does not authorize the use of canines.	
27. The officers are thoroughly trained in the use of soft and hard restraints.					
28. In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.				Should force be used, this facility uses an equivalent form.	
PART 2 – 18. USE OF FO	DRCE A	ND REST	RAINT	S	
	andard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.)  Policy BTC-3-04, UOF, states detainees are to be protected from personal abuse, corporal punishment, personal injury, disease, property damage and harassment. Corporal punishment and mental abuse are strictly prohibited.  (b)(7)e  are not authorized for use at this facility. This is primarily due to the mission of the facility, which is to house security Level 1 (minimum) detainees. (b)(7)e  (b)(6), (b)(7)(c)/November 3, 2011 (b)(6), (b)(7)(c)					
Reviewer's Signature / Date (b)(6), (b)(7)(c)					

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

# **Section III ORDER**

## 19 Disciplinary System

#### PART 3 – 19. DISCIPLINARY SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	$\boxtimes$			The disciplinary process is addressed in Policy BTC-3-03, Disciplinary Process - Severity Scale/Prohibited Acts, as well as thoroughly explained in the detainee handbook.
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				Policy BTC-3-04, UOF, states detainees are protected from personal abuse,
	clothing deprivation				corporal punishment, personal injury, disease, property damage, and harassment. Corporal punishment and mental abuse are strictly prohibited by this policy.
	bedding deprivation				
	denial of personal hygiene items				
	<ul> <li>loss of correspondence privileges</li> </ul>				uns poncy.
	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.	$\boxtimes$			This is provided during the intake process and is outlined in the detainee handbook.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:				
	Rights and Responsibilities			П	Policy BTC-3-03, Detainee Handbook, addresses these topics; they are also
	Prohibited Acts				posted in the detainee housing units
	Disciplinary Severity Scale				
	• Sanctions				
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	$\boxtimes$			
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	$\boxtimes$			
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	$\boxtimes$			
9.	An intermediate disciplinary process is used to adjudicate minor infractions.	$\boxtimes$			

PART 3 – 19. DISCIPLINARY SYSTEM
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facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.	

	ġ	t p				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:</li> </ol>						
<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>				The facility has both a Unit Disciplinary Committee (UDC) and an Institution Disciplinary Panel (IDP).		
<ul> <li>Hears pleadings by detainee and staff representative</li> </ul>						
<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	$\boxtimes$					
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	$\boxtimes$					
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.			$\boxtimes$	This facility does not have an SMU, nor does it use administrative or disciplinary segregation.		
<ol> <li>Written procedures govern the handling of confidential- source information. Procedures include criteria for recognizing "substantial evidence".</li> </ol>	$\boxtimes$			Although this facility rarely uses confidential informant information, this language is contained in the UOF policy.		
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$					
PART 3 – 19. DIS	CIPLIN	IARY SYS	TEM			

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

Detainee rights and responsibilities are clearly posted for all detainees in facility policy, the detainee handbook and in the detainee housing units. The disciplinary process is also explained during the admission and orientation process. Detainees are offered the right to postpone their disciplinary hearings for further investigation. Should they need a staff representative, one is afforded them throughout the process.

	(b)(6), (b)(7)(c)	November 3, 2011
ļ	Reviewer's	Signature / Date

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

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

# **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

#### PART 4 – 20. FOOD SERVICE

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	$\boxtimes$			The food service program is under the direct supervision of a professionally trained and ServSafe certified FSM. Responsibilities of cook supervisors are determined by the FSM and posted in the food service department.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	$\boxtimes$			
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	$\boxtimes$			Documentation confirmed the FSM conducts training addressing detaineerelated issues.
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	$\boxtimes$			This facility uses dough cutters for food preparation. Kitchen utensils are inventoried and maintained on a shadow board within an approved locked cabinet. The on-duty cook supervisor controls the key that locks the device.
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	$\boxtimes$			Dough cutters, used in lieu of knives, are not required to be physically secured to a work station. Staff routinely monitors the condition of the kitchen utensils as part of the daily inspections.
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.	$\boxtimes$			Daily shakedowns of detainee work areas are conducted by food service and security personnel.
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	$\boxtimes$			
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	$\boxtimes$			Daily wellness checks are conducted and documented ensuring detainees working in food service are monitored for health and cleanliness as required.
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$			

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>12. During orientation and training session(s), the Cool 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>	f 🖂			Detainee training records revealed orientation training includes safe work practices, equipment safety and the safe handling of hazardous materials.
<ol> <li>The Cook Foreman documents all training in individual detainee detention files.</li> </ol>				The food service department maintains individual training records for all detainee workers.
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detained workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.				
15. Detainees are served at least two hot meals every day No more than 14 hours elapse between the last mea served and the first meal of the following day.				This facility serves three hot meals per day. Meal times are consistent with standard requirements and no more than 14 hours elapse between the last meal of one day and the first meal of the following day.
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line				Sneeze guards protect the serving line in the kitchen area. Detainee workers plate food from the line and serve it through an opening into the dining room.
17. The facility has a standard 35-day menu cycle. IGSA use a 35 day or similar system for rotating meals.				
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. In 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.	tt			The corporate registered dietitian conducts annual nutritional analysis for every master-cycle menu planned by the FSM. Substitution lists are also analyzed in the event of a modification of the menu. The dietitian's licensure was on file for review.
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				Procedures are in place to ensure food items are prepared and presented according to approved recipes.
<ul> <li>20. The Cook Foreman has the authority to change mentitems if necessary.</li> <li>If yes, documenting each substitution, along with its justification, with copy to the FSA</li> </ul>	s 🗵			Substitution justifications are documented and the FSM is notified.
<ol><li>All staff and volunteers know and adhere to written "foor preparation" procedures.</li></ol>				

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22.	<ul> <li>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>	$\boxtimes$			Mainline options are pork-free. Approved pre-packaged and prepared Kosher food items are used for detainees whose dietary requirements cannot be met on the main line. Disposable plates and utensils are used.
	items.  Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$			Detainees' requests for religious diets are reviewed and approved by the Chaplain.
24.	A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	$\boxtimes$			
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 Chaplain provides the FSM with a schedule of ceremonial meals for the calendar year.
26.	<ul> <li>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> <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>				The facility accommodates Muslims fasting and receiving their meals after sundown during Ramadan, Kosher meals are available during Passover and meatless meals are provided on Fridays during the Lenten season.
27.	The food service program addresses medical diets.	$\boxtimes$			
28.	Satellite-feeding programs follow guidelines for proper sanitation.			$\boxtimes$	Meals are served and consumed in a main dining room. Satellite-feeding programs are not utilized at this facility.
29.	Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	$\boxtimes$			Hot and cold food temperatures taken during this review fell within the prescribed "safe" range.
30.	All meals provided in nutritionally adequate portions.	$\boxtimes$			

	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
31.	Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$			
	<ul> <li>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>	$\boxtimes$			Food service training topics include: personal hygiene; sanitary techniques for storing, serving and preparing food; and the sanitary operation and maintenance of equipment.
33.	Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$			
34.	(MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	$\boxtimes$			Policy BTC-10-4, Food Service Health, Safety and Sanitation, requires weekly inspections of all food services areas. Documentation reviewed found that food service and medical personnel conduct independent weekly inspections.
35.	Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	$\boxtimes$			
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.	$\boxtimes$			Temperature logs were maintained for the dishwashing machine in accordance with the standard. Temperatures were within the industry standard for proper sanitization.
37.	(MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	$\boxtimes$			Refrigeration/freezer unit temperatures are checked and noted on the equipment and the daily production log as required by the standard.
38.	The cleaning schedule for each food service area is conspicuously posted.	$\boxtimes$			
39.	Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$			
40.	Storage areas are locked when not in use.				
	Food service personnel conduct shakedowns along with detention staff.	$\boxtimes$			Food service and security personnel conduct shakedowns of the detainee work areas.
42.	In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			$\boxtimes$	The requirements of this component only apply to SPCs. The ICE supervisor does not routinely participate in dining room supervision.
43.	Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	$\boxtimes$			

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.			$\boxtimes$	The requirements of this component only apply to SPCs. The FSM does not prepare quarterly cost estimates for the Common Fare Program.			
45. When required, only food service staff prepare the sack lunches for detainee transportation.	$\boxtimes$			Interviews confirmed all sack lunches are prepared by food service personnel.			
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.	$\boxtimes$			Air curtains and bug lights are installed on the exterior doors of the food service department to protect against insects.			
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.	$\boxtimes$						
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	$\boxtimes$			Food inventories are carefully monitored to prevent shortages and/or the need for substitutions.			
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	$\boxtimes$			The facility has a newly-renovated dining room which seats 288 detainees.  Detainees are provided sufficient space and time to consume their meals.			
51. <b>(MANDATORY)</b> An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.  Corrective action is taken on deficiencies, if any.	$\boxtimes$			The Florida State Health Department conducts quarterly inspections of the food service areas, with the last inspection conducted 09-30-11. Discrepancies noted were corrected immediately. Past inspections were reviewed for trends; however, no trends were noted. The noted discrepancies were minor in nature and corrected 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.	$\boxtimes$			MSDS and inventories of hazardous chemicals were found to be up-to-date and accurate. Chemical areas are locked at all times. Remote dispensing units deliver diluted chemicals to the pot and pan sink and dish machine.			
54. <b>(MANDATORY)</b> The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	$\boxtimes$			The FSM and the Fire/Safety Officer ensure an independent, licensed pest control service performs monthly pest control inspections and/or application operations as needed.			
FOOD SERVICE							

⊠ Meets Standard	☐ Does Not Me	et Standard	□ N/A	Repeat Finding			
Remarks: (Record significant facts, observations, other sources used, etc.)							
The professionally-trained FSM supervises a clerk and (b)(7) cook supervisors. All food service personnel are ServSafe certified. Approximately 10 to 15 detainees per shift are assigned to work in food service. Training is conducted weekly, monthly and annually for all employees. Detainees receive orientation training and additional training as required by their job responsibilities.							
The food service kitchen and dining room have undergone a complete renovation since the last review. The physical plant is well designed and maintained. The equipment appeared to be new or updated. Food temperatures taken during this review were well within the safe range. Daily production logs/packets ensure food and equipment temperatures are taken and recorded as required by the standard. Detainees working in food service were interviewed and positive comments were noted about the working conditions, food quality and quantity.							
(b)(6), (b)(7)(c) November 3, 2011 Reviewer's Signature / Date	(b)(6), (b)(7)(c)						

# 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.

	ating any detainee who is on a nunger 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.	$\boxtimes$			Staff may refer a detainee before 72 hours has elapsed.
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	$\boxtimes$			The facility administrator and the HSA notify ICE.
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			Two policies describe these procedures: 02, Food Strike; and 513, Management of Hunger Strikes.
4.	Policy and procedure require that staff isolate a hunger- striking detainee from other detainees.	$\boxtimes$			Policy 513 requires a hunger striker to be isolated.
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	$\boxtimes$			Medical personnel are authorized to place a detainee in a locked hospital room.
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	$\boxtimes$			The weight and vital signs of a hunger striker are recorded at least once per day.
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	$\boxtimes$			The hunger striker's consent is sought before any medical treatment.
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	$\boxtimes$			A signed refusal of treatment is sought from the hunger striker.
9.	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.	$\boxtimes$			Three meals per day are provided to the hunger striker.
10.	Staff maintain the hunger striker's supply of drinking water/other beverages.	$\boxtimes$			Fluids are provided to the hunger striker.
11.	During a hunger strike, staff remove all food items from the hunger striker's living area.	$\boxtimes$			During a hunger strike, all food items are removed from the detainee's living area.
12.	Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	$\boxtimes$			Food consumption and fluid intake is monitored and documented in the medical record.
13.	The medical staff have written procedures for treating hunger strikers.	$\boxtimes$			Policy 513 describes these procedures.
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.	$\boxtimes$			Medical staff document in the medical record all interactions with the hunger striker.

PART 4 – 21. HUNGER STRIKES								
This Detention Standard protects detainees' health and well-treating any detainee who is on a hunger strike.	eing by	monitoring	j, coun	seling and, when appropriate,				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
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.	$\boxtimes$			All staff receives initial orientation and annual training on recognizing the signs of a hunger striker and referral, as documented in training records. Medical staff receives hunger strike updates as documented in meeting notes.				
PART 4 – 21. HL	INGER	STRIKES						
⊠ Meets Standard □ Does Not Meet St	andard	□ N/A		☐Repeat Finding				
Remarks: (Record significant facts, observations, other source	Remarks: (Record significant facts, observations, other sources used, etc.)							
There have been no serious hunger strikes at the facility in the previous comprehensive.	ious 12 r	nonths. Hur	nger str	ike policy and procedures are				
The HSA reports that should a detainee engage in a hunger strike be facility.	eyond 72	hours, s/he	would	be transferred to a more appropriate				
(b)(6), (b)(7)(c) November 3, 2011  Reviewer's Signature / Date (b)(6), (b)(7)(c)								

	Thealth education, 30 that their health care needs are met in a timery and emicient mariner.							
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	$\boxtimes$			The facility operates in compliance with the State of Florida and local laws and guidelines. It was accredited by the ACA in May 2011.			
2.	The facility's in-processing procedures of arriving detainees include medical screening.	$\boxtimes$			All detainees are medically screened by nurses during in-processing.			
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.	$\boxtimes$			The staffing plan was reviewed on 04-04-11. The plan includes the essential positions needed to provide the scope of services including: HSA; registered nurses (RNs); licensed practical nurses (LPN); and medical record clerk, for a total of (b)(7) full-time employees (FTEs). In addition (b)(7) system is on site 40 hours per week and (b)(7) s-ray technician is on site 20 hours per week.			
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	$\boxtimes$			Newly-admitted detainees are informed, orally and in writing (in a language they can understand), about how to access health services. There are written notices in English, Spanish and Haitian Creole posted in the intake area, on the male housing unit bulletin board and in the female housing unit. In addition, there is a language line which may be used for other languages. The intake log documents use of the language line in Spanish, Creole, Portuguese, Russian and Mandarin.			
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	$\boxtimes$			Medical staff is on site 24 hours per day, seven days per week. Emergency medical, dental and mental health services are available 24 hours per day, on call.			
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.	$\boxtimes$			The infection control program requires employee Tuberculosis (TB) testing preemployment and annually, as documented in personnel files. Hepatitis B vaccination is offered.			
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.	$\boxtimes$			All medical licenses were reviewed and found to be current. Job descriptions are available for all medical positions.			

	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
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).				Upon admittance, each detainee receives a copy of the detainee handbook (written in English, Spanish and Haitian Creole) in which procedures for access to health care services are explained. Should other translations be needed, the language line is utilized.
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	$\boxtimes$			Medical personnel credentialing and verification complies with the standards established by the NCCHC and TJC, as reviewed by this inspector.
10.	<ul> <li>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 newly-admitted detainees receive initial medical, dental and mental health screening by a nurse well within the 12 hours specified. It is usually done within two hours.
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.	$\boxtimes$			The translation line is used if language presents a difficulty. Languages logged include Spanish, Creole, Portuguese, Mandarin and Russian.
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	$\boxtimes$			The facility has sufficient space and equipment.
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	$\boxtimes$			The HSU has its own restricted access area within the confines of the secure perimeter.
14.	The medical facility entrance includes a holding/waiting room.				The HSU contains two waiting rooms.
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	$\boxtimes$			The waiting rooms are under the direct supervision of custodial staff.
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	$\boxtimes$			Detainees in the waiting room have access to a bathroom (with a sink and toilet) and to a water cooler.
17.	<ul> <li>Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>	$\boxtimes$			Medical records are kept apart from other files. They are kept in a locked room in the HSU with restricted access. Per policy, no copies of medical records are placed in detainee files.
18.	<b>(MANDATORY)</b> A signed and dated consent form is obtained from a detainee before medical treatment is administered.	$\boxtimes$			A signed and dated consent form is obtained from every detainee, as documented in medical records.

	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			Detainees use GEO form, Authorization for Release of Confidential Information.
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	$\boxtimes$			The health care provider is given 24 to 48 hours notice prior to the transfer of a detainee.
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	$\boxtimes$			Nurses prepare a written medical summary for transfer with the detainee.
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."	$\boxtimes$			Medical records are placed in a sealed envelope marked "medical confidential."
23.	Medical screening includes a Tuberculosis (TB) test.				Medical screening includes TB testing by chest x-ray.
24.	<ul> <li>All detainees receive a mental-health screening upon arrival. It is conducted:</li> <li>By a health care provider or specially trained officer;</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>	$\boxtimes$			All detainees receive a mental health screening upon arrival, conducted by a nurse, and before detainee assignment to a housing unit.
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	$\boxtimes$			Nurses promptly review all medical and mental health screens immediately after completion to identify detainees needing medical attention.
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.	$\boxtimes$			The health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival or sooner. The history is taken by a nurse, and the physician performs the hands-on portion of the examination.
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.			$\boxtimes$	The facility does not have an SMU.
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>	$\boxtimes$			Medical request (sick call) slips are available daily on the housing units. These slips are available in English, Spanish and Haitian Creole. Detainees place the slips in a medical request box located in the HSU and dining room hallway. They are retrieved daily by medical personnel. They are triaged, and the detainee is scheduled for sick call, which is held daily.
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	$\boxtimes$			Medical staff is on site 24 hours per day, seven days per week. Emergency Plan #113 describes the plan for delivery of emergency health care when immediate outside medical attention is required.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
30.	The plan includes an on-call provider.	$\boxtimes$			The physician and the HSA are on call 24 hours per day.
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	$\boxtimes$			Local 911 ambulance service is used, as is North Broward Hospital for emergencies. Telephone numbers are listed in the HSU.
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	$\boxtimes$			Security is responsible for maintaining open communication with health service staff, maintaining a secure environment and assisting medical staff.
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	$\boxtimes$			All staff is trained during orientation and annually in cardiopulmonary resuscitation (CPR) and first aid, as documented in training records.
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.	$\boxtimes$			Nursing staff distributes all medications during pill line except for those over-the-counter (OTC) medications that are available for self administration by detainees in the housing units. Security staff is trained annually in how to provide those medications to the detainees, as documented in training records. The available OTC medications are aspirin, acetaminophen, ibuprofen, antacids and sore throat lozenges.
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	$\boxtimes$			Pharmaceuticals and non-prescription medicines are kept in a locked pharmacy and dispensed and administered in accordance with sound standards. A controlled substance count was performed and found to be accurate. The facility uses a pill line and documents administration on a medication administration record (MAR).

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: <ul> <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> </li> </ul>				Policy 405, Management of Pharmacy, addresses these components. There is a formulary of drugs used at the facility, as well as a method for obtaining non-legend medications. Medications are administered only upon the order of a physician or mid-level provider, as clinically indicated. Both a controlled substance count and needle and syringe count was performed, and both were found to be accurate.
<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 locked pharmacy within a secure perimeter, with limited access, and solid walls and ceiling and a solid entrance door with a high security lock.
<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> <li>39. Distribution of medication is in accordance with specific</li> </ul>				The pharmacy has a locking pass-through window for administration of medications by nursing personnel. Documentation of medication administration is done on MARs.  Medications are distributed according to
instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.				specific medical provider order. MARs are used to document medications given to detainees.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
40.	<ul> <li>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 not delivered or administered by detainees. The facility is staffed 24 hours per day, seven days per week by medical staff. Except for certain OTC medications made available to detainees on the housing units for self-administration, nursing administers all medications to detainees.
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.	$\boxtimes$			As reviewed by this inspector, the facility has documentation of the training given to those housing officers who make OTC medications available to detainees. The latest training was held 09-21-11 and the officers are able to reference the training syllabus.
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	$\boxtimes$			Policy 107, Communication on Special Needs Inmates, addresses this component.
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	$\boxtimes$			Policy 520, Specialty Consultations and Procedures, addresses this component.
44.	<ul> <li>(MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include:</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>				Policy 201, Infection Control Program, addresses the following: monitors incidence of infection; promotes a safe and healthy environment; prevents spread of disease; provides prompt care and treatment; and describes reporting requirements. ICE handles all releases of information to media agencies, unless otherwise instructed. Procedures for managing and treating infectious diseases including TB; hepatitis A, B, and C; Human Immunodeficiency Virus (HIV); avian flu; and pandemic flu are included.
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	$\boxtimes$			Detainees are isolated when medically indicated and appropriate to the condition.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.				All new arrivals receive TB screening via a chest x-ray. Results are returned within two to four hours. Detainees are screened before being sent to general housing
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 symptoms suggestive of TB are sent offsite. There are no negative pressure isolation rooms.
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.	$\boxtimes$			The transportation system includes transfer by facility car or van, routine ambulance, urgent ambulance and emergency ambulance.
49.	Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	$\boxtimes$			Detainees who require close, chronic and convalescent medical supervision are written a treatment plan, as evidenced in medical records.
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.	$\boxtimes$			Female detainees have access to pregnancy testing upon arrival. In the past two weeks, 37 newly-received detainees were tested for pregnancy; all were negative. Should a detainee be pregnant, she would be sent to outpatient obstetrical 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				Detainees with chronic conditions receive periodic care and treatment at chronic disease clinics and through a chronic disease treatment plan, as evidenced in medical records.
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.	$\boxtimes$			The Warden is notified in writing of any detainees with special needs.
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	$\boxtimes$			Detainees have access to emergency and specified dental care by an off-site dentist, as evidenced in medical record.

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	Components	Meets Standard	Does Not Meet Standard	V/N	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.	$\boxtimes$			Detainees with mental health problems are referred to an off-site provider for detection, diagnosis, treatment and stabilization. If the mental health issue is able to be stabilized, the detainee will return to the facility.	
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	$\boxtimes$			Crisis intervention services are available to detainees off-site. Atlantic Shores Psychiatric Hospital is most often used for crisis intervention.	
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.				Policy 106, Privacy of Care, addresses this component, including the use of a chaperone.	
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.	$\boxtimes$			Detainees receive a mental health screening upon admission. Should a detainee require further evaluation, s/he would be seen by a clinician off-site.	
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: <ul> <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 Observation Report form DIHS-867 or similar form.</li> </ul> </li></ul>				Therapeutic Restraints and Therapeutic Seclusion (Policy 903) addresses this component. Should a detainee require this level of restraint, s/he would be transferred to an off-site facility. They may be temporarily restrained while waiting for transport; however, a physician would decide: the conditions under which restraints would be applied; the types of restraints used (leather, fleece, linen, canvas); the frequency of monitoring (every 15 minutes); the length of time the restraints may be used (no longer than 12 hours); and documentation requirements. A continuous quality improvement committee reviews incidents and provisions of service for detainees placed in restraints. In any event, restraints may not be used as a disciplinary measure or as a substitute for other effective, less-restrictive means.	

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
59.	<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>	$\boxtimes$			Policy 107.2, Forced Psychotropic Medications, addresses this component. Involuntary administration of psychotropic medications to detainees is only used in an emergency. Should a detainee require the frequency of involuntary administration as to require obtaining an order from a Federal District Court, s/he would be transferred to an offsite facility. The physician still: specifies the duration of therapy; documents the less restrictive, unsuccessful interventions; details how the medication is to be administered; monitors for adverse reactions; and prepares a treatment plan for less restrictive alternatives and/or orders transfer to an off-site facility.
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	$\boxtimes$			The initial dental screening is performed as part of the medical screening upon admission by the trained RN, and reviewed by the physician.
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.	$\boxtimes$			Policy 402, First Aid Kits, addresses this component. Readily accessible First Aid Kits are maintained in all housing and intake areas and any other appropriate area designated by the HSA and Warden.
62.	An automatic external defibrillator should be available for use at the facility.	$\boxtimes$			An automatic external defibrillator (AED) is available in the HSU (Exam Room #1).
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.	$\boxtimes$			If a detainee refuses treatment, ICE is notified.
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.	$\boxtimes$			The Warden and the HSA meet quarterly, as well as representatives from fire safety, food service, programs and maintenance, as documented by meeting minutes and sign in sheets.
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.				The facility has no dental equipment on site. Medical equipment is decontaminated as required. The facility has a Biomedical Waste Operating Plan. Biohazardous waste management is inspected and certified by the State of Florida, Department of Public Health.

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.						
Meets Standard N/A N/A				Remarks		
66. <b>(MANDATORY</b> ) The health authority will implement a system of internal review and quality assurance.	$\boxtimes$			The facility has a comprehensive quality improvement/risk management program that reviews areas such as: infection control; grievances; chart review; sick call services; and fire/safety/sanitation.		
PART 4 – 22.	MEDIC	CAL CARE				

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

Twenty-four medical records were reviewed during the inspection. In all 24 records, chest x-rays were performed upon admission. In all 24 records, medical and mental health screens were present, performed by nursing personnel and conducted timely. In all 24 records, physical examinations (PE) were present and dated zero to eight days after admission; and in most cases, performed by, as well as reviewed and signed by, the physician. Average length of time for PE was two and one-half days. In all 24 records, consent to treatment was present and timely. In 15 of the medical records, documentation of sick call was present and demonstrated detainee understanding of the sick call process. In seven of the records, chronic disease had been diagnosed and a treatment plan had been written. In all 10 of the female records, pregnancy testing was performed and timely.

The HSU is adequate in size, very clean and well equipped. The HSU has: two waiting areas; one officer's station; one nurse's station; three exam rooms; two observation rooms (both with toilet, sink and shower); detainee restroom and water cooler; HSA office; medical records room; pharmacy; and two storage rooms. In addition, there is an exam room and x-ray machine room located in the intake area.

The facility offers an out-patient level of health care. All dental, mental health and other specialty care are offered off-site. North Broward Medical Center is used for medical emergencies, while the Atlantic Shores Hospital is used for psychiatric emergencies. Both hospitals are within five to 10 miles from the facility.

The facility does not charge a medical co-pay. The facility was last accredited by the ACA in May 2011.

(b)(6), (b)(7)(c) / November 3, 2011

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

#### PART 4 – 23. PERSONAL HYGIENE

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.  The supply of these items exceeds the minimum required for the number of detainees.	$\boxtimes$			Policy 4-04, Clothing, Linens, Bedding and Sanitation, addresses this component. The supply of clothing, bedding, and linens exceeds the minimum needed for the number of detainees.
2.	<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum:</li> <li>One uniform shirt and one pair of uniform pants or one jumpsuit.</li> <li>One pair of socks.</li> <li>One pair of underwear (daily change).</li> <li>One pair of facility-issued footwear.</li> </ul>	$\boxtimes$			All new detainees are issued two uniform shirts and two uniform pants, two pairs of socks and underwear, and footwear. Detainees may retain their personal undergarments and shoes.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	$\boxtimes$			Special appropriate protective clothing and equipment will be issued to those assigned to food service, maintenance and other special work details.
4.	New detainees are issued clean bedding, linens and towels, at a minimum:  One mattress  One blanket  Two sheets  One pillow  One pillowcase  One towel  Additional blankets, based on local weather conditions.	$\boxtimes$			New detainees are issued one mattress with integrated pillow, one blanket, two sheets, one towel and one washcloth. Bedding is cleaned on a weekly basis and linens are exchanged once per week.
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	$\boxtimes$			The facility provides soap, shampoo, toothbrush and toothpaste, comb, deodorant, toilet paper, feminine hygiene items and lotion. These items are replenished as needed.

#### PART 4 – 23. PERSONAL HYGIENE

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
6.	Toilet facilities are:								
	• Clean								
	<ul> <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>	$\boxtimes$			Toilet facilities are clean. There is one toilet per six-person room. This ratio, 6:1, exceeds ACA expected practices.				
7.	Bathing facilities are:								
	<ul> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> </ul>								Bathing facilities are clean. Water temperatures are logged monthly and are within acceptable ranges. There is one bathtub/shower per six-person
	ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.				room, as well as one washbasin per six-person room. These ratios, 6:1,				
	ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.				exceed ACA expected practices.				
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	$\boxtimes$			There are handicapped bathrooms available in both the male and female housing units.				
9.	<ul> <li>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>	$\boxtimes$			Females have unlimited access to washers and dryers in their housing unit. Males may have their clothing laundered three times per week in the main laundry. Laundry submitted in the morning is returned to the detainee the same day. Sheets and towels are exchanged weekly. Pillowcases are not needed.				
10.	Food service detainee volunteer workers are permitted to exchange outer garments daily.	$\boxtimes$			Food service detainee volunteer workers are permitted to exchange outer garments daily or as needed.				
11.	Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	$\boxtimes$			Volunteer detainee workers are permitted to exchange outer garments daily or as needed.				
	PART 4 – 23. PER	SONAL	. HYGIENE						

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

Detainees appear well groomed and dressed. Males wear orange uniforms and females wear gray uniforms. There appeared to be sufficient amounts of clothing stored in detainee storage boxes. Females may access washing machines and dryers every day. Males exchange clothing for laundering three times per week and receive the completed laundry the same day. Detainees may retain personal undergarments (white only), socks and shoes.

Bathing facilities, sinks and toilets surpass the ACA-expected practice ratios in all housing units. In interviews, detainees reported that hot water was plentiful.

(b)(6), (b)(7)(c) November 3, 2011

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

# 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.

signs and situations of fisk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	$\boxtimes$			Policy 706, Suicide Prevention and Intervention Program, addresses this component. The program was last approved on 03-03-11.	
<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</li> </ul> </li> <li>Written procedures for the proper handling of detainees who exhibit suicidal behavior.</li> </ul>				Policy 706 includes procedures addressing: identification; training; assessment; monitoring; housing; referral; communication; intervention; notification; reporting; review; and critical incident debriefing.	
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.				All staff members receive suicide prevention training upon initial orientation and annually, as documented in training records.	
<ul> <li>4. Training prepares staff to:</li> <li>Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Effective communication between correctional and health care personnel,</li> <li>Necessary referral procedures,</li> <li>Housing observation and suicide-watch level procedures,</li> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> <li>Reporting and written documentation procedures.</li> </ul>				Policy Section 706A addresses these components. Training prepares staff to: identify the warning signs and symptoms of suicidal behavior; understand precipitating factors; how to respond to detainees; good communications between security and medical staff; how to make referrals; housing considerations; follow-up monitoring; and documentation.	

#### PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li> <li>Screening does not occur later than one working day after the detainee's arrival.</li> <li>Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.</li> </ul>	$\boxtimes$			Nursing personnel screen all detainees upon admission for suicide potential. All 24 medical records reviewed showed documentation of mental health/suicide potential screening.
6. Written procedures contain when and how to refer at-risk detainees to medical staff and procedures are followed.	$\boxtimes$			Policy 4.1.11, Suicide: Recognition and Prevention, addresses this component.
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.	$\boxtimes$			Should a detainee become suicidal, s/he would immediately be transferred to an off-site facility. Once determined no longer suicidal, the detainee might return to the facility and would then undergo a mental health screen as part of his/her readmission process.
8. The facility has a designated isolation room for evaluation and treatment.			$\boxtimes$	There are no designated isolation rooms at the facility.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.			$\boxtimes$	There are no designated isolation rooms at the facility.
10. Medical staff have approved the room for this purpose.			$\boxtimes$	There are no designated isolation rooms at the facility.
11. Staff observe and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation.	$\boxtimes$			Staff uses constant observation to watch a suicidal detainee until the detainee is transferred off-site.
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.			$\boxtimes$	Suicidal detainees are not kept on continuous suicide watch at the facility. If a detainee becomes suicidal, s/he is immediately transferred off-site. The detainee is placed on constant observation only until transferred off-site.
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	$\boxtimes$			Suicidal detainees are transferred off- site and kept under constant observation until the transfer occurs. The facility notifies ICE of any suicidal detainee.

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		
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.	$\boxtimes$			Policy Section 706A addresses this component. Stress debriefing is offered to all affected staff and detainees, and a mortality review is held.		
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						
⊠ Meets Standard □ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other source	es used	d, etc.)				
There have been no detainee suicides at the facility during the past 12 months. All mental health services are offered off-site. No long-term suicide watches are performed on-site. Should a detainee become suicidal, s/he would be placed on constant observation only until transferred off-site for evaluation.						
The suicide prevention and intervention program is very comprehensive, as is the training.						
(b)(6), (b)(7)(c) November 3, 201  Reviewer's Signature / Date (b)(6), (b)(7)(c)						

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

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	$\boxtimes$			The facility does not normally accept terminally ill detainees. If a detainee should become terminally ill while at the facility, s/he would be transferred to a more appropriate medical facility.
2.	<ul> <li>The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition.</li> <li>The detainee's location.</li> <li>The visiting hours and rules at that location.</li> </ul>	$\boxtimes$			The facility notifies ICE, who in turn notifies the next of kin of a detainee's medical condition.
3.	<ul> <li>There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives.</li> <li>These guidelines include instructions for detainees who wish to have a living will.</li> <li>These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.</li> </ul>	$\boxtimes$			Policy 524, End of Life Decision Making, addresses this component. The facility adheres to the State of Florida and ICE policy, "Inmate Living Wills, Advanced Directives and Do Not Resuscitate Orders."
4.	There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$			End of Life Decision Making addresses Do Not Resuscitate (DNR) Orders.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	$\boxtimes$			Detainees with a DNR Order receive maximal therapeutic efforts short of resuscitation.
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	$\boxtimes$			The facility notifies ICE who in turn makes further notifications regarding the basic circumstances of any detainee with a DNR Order in the medical record.
7.	The facility has written procedures to address the issues of organ donation by detainees.	$\boxtimes$			End of Life Decision Making policy addresses this component. Organ Donation is in accordance with client specific contracts.
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	$\boxtimes$			Emergency Plan #16, Death Response, addresses this component. The facility notifies ICE, who in turn notifies other interested parties.
9.	The facility has a policy and procedure to address the death of a detainee while in transport.	$\boxtimes$			Two emergency plans (#11, Detainee Transport; and #16, Death Response) both address this component.
10	At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	$\boxtimes$			Per interview with the AFOD, the detainee's remains would be disposed of in accordance with 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>	$\boxtimes$			Per interview with the AFOD, in the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial. This is after consultation with the Department of Veterans Affairs.			
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	$\boxtimes$			Per interview with the AFOD, a certified copy of the death certificate is placed in the subject's A-file.			
<ul> <li>13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</li> <li>Performance of an autopsy.</li> <li>Person(s) to perform the autopsy.</li> <li>Obtaining State approved death certificates.</li> <li>Local transportation of the body.</li> </ul>	$\boxtimes$			Policy 110, Death of an Inmate, addresses this component. The Warden is required to notify the medical examiner or coroner immediately in the event of a death. The facility also notifies ICE. The medical examiner or coroner makes decisions regarding autopsy and transportation of the body. The facility requests the State approved death certificates.			
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	$\boxtimes$			Per interview with the AFOD, closing the case would include placing the death certificate in the file, writing a note in the file, and sending the file to the National Records Center (NRC).			
PART 4 – 25. TERMINAL ILLNESS	, ADVAN	ICE DIRE	CTIVE	S, AND DEATH			
Remarks: (Record significant facts, observations, other sources used, etc.)							

There have been no deaths at the facility since the last review. The facility does not routinely accept terminally-ill detainees. If a detainee should become terminally ill while at the facility, s/he would be transferred to a more appropriate medical facility. Policy and procedure regarding terminal illness, advance directives, living wills, organ donation and DNR Orders is comprehensive.

(b)(6), (b)(7)(c) / November 3, 201 Reviewer's Signature / Date

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

# **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
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	$\boxtimes$			
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	$\boxtimes$			
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$			Policy BTC-1-03, Correspondence, addresses this component.
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	$\boxtimes$			
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	$\boxtimes$			
6.	Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	$\boxtimes$			Policy BTC-1-03 addresses this component.
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	$\boxtimes$			
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	$\boxtimes$			
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	$\boxtimes$			Policy BTC-1-03 addresses this component.
10.	Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	$\boxtimes$			Policy BTC-1-03 addresses this component.
11.	Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	$\boxtimes$			
12.	The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	$\boxtimes$			
13.	The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	$\boxtimes$			
14.	Staff maintain a written record of every item removed from detainee mail.	$\boxtimes$			A review of documentation confirmed compliance.

PART 5 – 26. CORRESPON	DENCE	E AND OT	HER M	AIL
This Detention Standard ensures that detainees will be all				, , , , , , , , , , , , , , , , , , , ,
representatives, government offices, and consular officials co	nsistent	t with the s	afe and	d orderly operation of the facility.
	J	t 4		

representatives, government offices, and consular officials consistent with the sale and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	$\boxtimes$					
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 review of documentation confirmed compliance.		
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	$\boxtimes$			Policy BTC-1-03, Correspondence, addresses this component.		
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	$\boxtimes$			ICE staff will provide a detainee with a copy of his or her identity documents upon written request.		
<ol> <li>Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".</li> </ol>						
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.	$\boxtimes$			Policy BTC-1-03 addresses this component.		
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.	$\boxtimes$					
23. SMU detainees have the same correspondence privileges as general population.			$\boxtimes$	The facility does not have an SMU.		
24. Detainees have access to outside publications.	$\boxtimes$			With prior approval from the Warden, detainees are authorized access to outside publications.		
PART 5 – 26. CORRESPON	IDENCE	AND OT	HER M	AIL		

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

Staff interviews, a review of documentation and on site-observations confirmed the facility has policy and procedures in place to ensure detainees are 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.

(b)(6), (b)(7)(c)  Reviewer's Signa	November 3, 2011 ture / Date	(b)(6), (b)(7)(c)

#### 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
case mem	Field Office Director considers and approves, on a e-by-case basis, trips to an immediate family aber's:  Funeral  Deathbed				
pare	facility recognizes as "immediate family member" a nt (including stepparent or foster parent), brother, er, child, and spouse (including common-law spouse).				
	CDF/IGSA facility notifies ICE of all detainee requests on-medical escorts.				
forward the a the	detainee's Deportation Officer reviews the file before arding a detainee's request, with recommendation, to approving official. Each recommendation addresses individual's suitability for travel, e.g., the kind of ervision required.				
	inees who require overnight housing are placed in oved IGSA facilities.				
6. Each	n escort detail includes at leas(b)(7)(E)fficers.				
	detainee remains under constant, direct visual ervision of escorting staff.				
origii rank	orting officers report unexpected situations to the nating facility as a matter of procedure and the ing supervisor on duty has the authority to issue uctions for completion of the trip.				
decr	orting officers have the discretion to increase or ease minimum restraints in accordance with written uction, procedures and classification level of the inee.				
	ort officers do not accept gifts/gratuities from a inee, detainee's relative or friend for any reason.				

DADT 5_	27	ESCOPTED	TRIDS END	NON-MEDICAL	<b>EMERGENCIES</b>
PARI 3 -	ZI.	ESCURIED	IRIPORUK	NUN-WEDICAL	CIVIERGENGIES

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>						
<ul> <li>Do not arrange to visit family or friends unless approved before the trip.</li> </ul>						
<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>						
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.						
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.						
14. The Field Office Director is the approving official for all non-medical escorted trips.						
15. Facility procedures comply with the following ICE Standards:						
Transportation (Land Transportation						
<ul> <li>Restraints applied strictly in accordance with the Use of Force Standard.</li> </ul>						
PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDICA	L EME	RGENCIES		
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.)						
ICE staff is responsible for all escorted trips for non-medical emergencies.						
(b)(6), (b)(7)(c) November 3, 2011  Reviewer's Signature / Date (b)(6), (b)(7)(c)						

PART 5 – 28. MA	KKIAGI	EREQUES	515		
This Detention Standard ensures that each marriage reques based on internal guidelines for approval of such requests.	t from a	n ICE/DRC	) detai	nee receives a case-by-case review and	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by- case basis.</li> </ol>				The ICE FOD has delegated in writing that all marriage requests be reviewed by the local ICE SDDO.	
<ol> <li>The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.</li> </ol>	$\boxtimes$			The facility forwards marriage requests to the local SDDO for review. The SDDO is the only authority authorized to reject a marriage request.	
3. It is standard practice to require a written request for permission to marry.	$\boxtimes$				
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	$\boxtimes$				
<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>	$\boxtimes$			The SDDO makes the final decision on marriage requests. The facility and detainee receive a written copy of the decision.	
<ol> <li>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.</li> </ol>	$\boxtimes$			When permission is denied by the SDDO, a basis for the decision is provided to the detainee along with instructions for appeal.	
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.					
8. The detainee handbook explains the marriage request process.	$\boxtimes$				
<ol> <li>In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.</li> </ol>				This component is applicable at an SPC. For this facility, the FOD has delegated this responsibility to the SDDO.	
PART 5 – 28. MA	RRIAGI	E REQUES	STS		
Remarks: (Record significant facts, observations, other sour Marriage requests are addressed in the ICE National Detainee Ha orientation conducted for all new arrivals. All marriage requests seven marriages is conducted monthly at this facility. Case management typically conducted once weekly.  (b)(6), (b)(7)(c) November 3, 2011  (b)(6), (b)(7)(c) November 3, 2011	ndbook. are forwa	Marriage ro	local I	CE SDDO for review. An average of	

	PART 5 - 29	. RECF	REATION				
cor	This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.  If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The Facility provides:				The facility's recreation program is		
	An indoor recreation program.	$\boxtimes$			outlined in Policy BTC-1-05,		
	An outdoor recreation program.				Recreation/Leisure Time Activities.		
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	$\boxtimes$			(b)(7)(E) ecreation specialists are assigned to tailor programs and activities for the over 600 detainees housed at this facility.		
3.	Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			Documentation revealed recreation personnel conduct daily equipment and grounds inspections.		
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.						
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.				Recreation specialists develop programs and activities for the occasional special needs detainees. The facility does not have an SMU.		
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	$\boxtimes$					
7.	Outside activities are restricted to limited-contact sports.	$\boxtimes$			Outside activities include shuffleboard, volleyball, basketball and soccer.		
8.	Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$					
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	$\boxtimes$			The main courtyard is open for recreation from 6 AM to 10 PM daily. Recreation is not allowed during count time. Detainees assigned to work details are not permitted outdoor recreation during work hours.		
10.	Staff check all items for damage and condition when equipment is returned.	$\boxtimes$					
11.	Staff conduct searches of recreation areas before and after use.	$\boxtimes$			Searches of recreation areas are conducted before and after use.		
12.	Recreation areas are under constant staff supervision.				Staff supervision of the recreation areas is enhanced by constant camera surveillance.		
13.	Supervising staff are equipped with radios.						
14.	The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per			$\boxtimes$	The facility does not have an SMU.		

week.

or her recreation privileges.

15. Detainees in disciplinary/administrative segregation

receive a written explanation when a panel revokes his

 $\boxtimes$ 

The facility does not administratively or

disciplinary-segregated detainees.

PART 5 - 29	. REC	REATION				
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.						
☐ If outdoor recreation is offered check this box. Item	s 19-27	should t	hen b	e marked "N/A".		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
16. Special programs or religious activities are available to detainees.	$\boxtimes$					
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	$\boxtimes$			Documentation confirmed volunteers complete a required orientation program before serving as volunteer.		
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.						
19. If the facility has no outside recreation, are detainees considered for transfer after six months?				Outdoor recreation is offered at this facility.		
20. If yes, written procedures ensure timely review of all eligible detainees.				Outdoor recreation is offered at this facility.		
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			$\boxtimes$	Outdoor recreation is offered at this facility.		
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.				Outdoor recreation is offered at this facility.		
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.				Outdoor recreation is offered at this facility.		
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			$\boxtimes$	Outdoor recreation is offered at this 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 offered at this 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.				Outdoor recreation is offered at this facility.		
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.				Outdoor recreation is offered at this facility.		
PART 5 - 29	. REC	REATION				
Remarks: (Record significant facts, observations, other sources used, etc.)						
The facility employ(b)(7)(E)full-time recreation specialists who manage a well-developed recreational program. Detainees may participate in daily indoor and outdoor recreation opportunities from 6 AM to 10 PM daily, excluding work and count times. Offerings include outside sports tournaments, exercise programs, billiards, arts and crafts, sedentary dayroom activities and self improvement programs.						
(b)(6), (b)(7)(c) / November 3, 2011 Reviewer's Signature / Date (b)(6), (b)(7)(c)						

			PRACTICES	•
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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.	$\boxtimes$			The Chaplain offers worship services in English and Spanish. Volunteers provide additional faith services in other languages.	
2.	Space is available for detainees to participate in religious services.	$\boxtimes$			A newly-renovated chapel is available for daily worship and prayer time.	
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	$\boxtimes$			The Chaplain ensures detainees are allowed to observe major "holy days." No exceptions were noted.	
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> <li>Facilitating religious services.</li> <li>Allowing activity restrictions.</li> </ul>				The facility accommodates recognized holy day observances to include special meals, honoring fasting requirements, facilitating religious services and allowing activity restrictions.	
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.	$\boxtimes$			Interviews confirmed that volunteer's credentials are checked and verified before allowing them to participate in detainee programs.	
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	$\boxtimes$				
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.			$\boxtimes$	This facility does not have an SMU.	
	RELIGIOU	S PRA	CTICES			
	⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

The full-time Counselor/Chaplain oversees the Religious Services program and (b)(7) colunteers represent additional faith leaders with multi-lingual abilities. Religious services opportunities are conducted daily. Offerings include daily Evangelical and Catholic prayer time and worship, weekly Portuguese worship, Muslim prayer time and worship groups held in English and Spanish.

(b)(6), (b)(7)(c) / November 3, 2011	
Reviewer's Signature / Date	(b)(6), (b)

# 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.	$\boxtimes$			The requirements of this component are included in Policy BCT-1-04, Telephones.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	$\boxtimes$			Telephone access information is provided to detainees during the intake process.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	$\boxtimes$			
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	$\boxtimes$			
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.	$\boxtimes$			Information is provided to detainees in English, Spanish and Haitian Creole.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	$\boxtimes$			
8.	Telephones are located a reasonable distance from televisions.	$\boxtimes$			
9.	The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	$\boxtimes$			
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	$\boxtimes$			The facility's Information Systems Officer and the ICE Contract Monitor take appropriate measures to ensure required repairs are completed in a timely manner.
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	$\boxtimes$			If requested, facility staff will make arrangements to provide a private legal phone call.
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$			If requested, facility staff will make arrangements to provide a confidential phone call.
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.				
14.	Special Access calls are at no charge to the detainees.	$\boxtimes$			The facility provides detainees with special access calls at no charge.
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 provides detainees with special access calls at no charge.
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	$\boxtimes$			

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
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	$\boxtimes$			If requested, ICE staff will make the necessary arrangements.
	All telephone restrictions are documented.	$\boxtimes$			
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	$\boxtimes$			
20.	Phone call messages are given to detainees as soon as possible.	$\boxtimes$			The requirements of this component are included in Policy BCT-1-04, Telephones.
21.	Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$			
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.			$\boxtimes$	The facility does not have disciplinary segregation.
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.			$\boxtimes$	The facility does not have disciplinary segregation.
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.			$\boxtimes$	The facility does not have disciplinary segregation.
	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.			$\boxtimes$	The facility does not have an administrative segregation or protective custody unit.
	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.	$\boxtimes$			
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	$\boxtimes$			This reviewer contacted the OIG, thereby confirming the number is operable.
28.	The Field Office Director has assigned ICE staff to check				A review of logs maintained by ICE

PART 5 – 31. TELEPHONE ACCESS

Meets Standard Does Not Meet Standard N/A Repeat Finding

 $\boxtimes$ 

staff indicated phones are checked

weekly.

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

and report on the serviceability of facility phones. This is

documented on a weekly basis

Interviews with ICE and facility staff, a review of documentation and on-site observations confirmed the facility provides detainees with the opportunity to maintain ties with families, and others in the community by providing them reasonable and equitable access to telephone services.

(b)(6), (b)(7)(c)	November 3, 2011	(b)(6) (b)(7)(a)
Reviewer's Signa	(b)(6), (b)(7)(c)	

#### PART 5 – 32. VISITATION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
There is a written visitation procedure, schedule, and hours for general visitation.				The requirements of this component are included in the facility's Supplement to the ICE National Detainee Handbook and Policy BTC-1-11, Visitation.
<ol><li>The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.</li></ol>				
3. The visitation schedule and rules are available to the public.				
4. The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$			Posted visitation hours were observed onsite.
<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>				If requested, a written copy of the rules regulating visitation and hours of visitation is made available to visitors in English, Spanish or Haitian Creole.
6. A general visitation log is maintained.				
<ol><li>Detainees are permitted to retain authorized personal property items specified in the standard.</li></ol>				With prior approval from the Warden, detainees are permitted to retain specific authorized personal property.
A visitor dress code is available to the public.	$\boxtimes$			
<ol><li>Visitors are searched and identified according to standard requirements.</li></ol>	$\boxtimes$			Policy BTC-1-11, Visitation, addresses.
10. The requirement on visitation by minors is complied with.				The facility allows minors to visit when accompanied by an adult.
11. At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			$\boxtimes$	The facility complies with the requirement on visitation by minors.
12. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			$\boxtimes$	The facility complies with the requirement on visitation by minors.
<ol> <li>Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.</li> </ol>				In the past 12 months no detainee has been denied a visit. If this type of sanction were to be imposed, documentation is required. The facility does not have an SMU.
14. Detainees in special housing are afforded visitation.				The facility does not have any special housing units.
15. Legal visitation is available seven (7) days a week, including holidays.	$\boxtimes$			
<ol> <li>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.</li> </ol>				

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	Y/X	Remarks			
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.	$\boxtimes$			On-site observation confirmed compliance.			
19. There are written procedures governing detainee searches.				Policy BTC-3-01, Control and Disposition of Contraband/Searches, addresses this component.			
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.							
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	$\boxtimes$						
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.				Based upon on-site observations, current listings were posted in housing units.			
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	$\boxtimes$						
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	$\boxtimes$						
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	$\boxtimes$			ICE approval is required for law enforcement officials requesting a visit with a detainee.			
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.				ICE approval is required for a former detainee or alien in proceedings requesting a visit with a detainee.			
PART 5 – 3	32. VISI	TATION					
	Standa	rd 🗌 l	V/A	Repeat Finding			
Remarks: (Record significant facts, observations, other sources used, etc.)  On-site, observations, staff interviews and a review of documentation confirmed the facility has the policy and procedures in place to ensure all detainees will be able to maintain ties through visitation with their families, the community and consular officials, within the constraints of safety, security and the good order of the facility.							
(b)(6), (b)(7)(c) November 3, 2011  Reviewer's Signature / Date (b)(6), (b)(7)(c)							

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	PART 5 – 33. VOLUNTARY WORK PROGRAM							
of	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							
mo	ove to next section.	at tile i		ty. IVIO	in NA OII I OIII G-32-A, page 3 and			
		_						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility has a voluntary work program.	$\boxtimes$						
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.		$\boxtimes$		Although all detainees at this facility are Level 1, the facility does not allow them to participate in special work details outside the secure perimeter.			
4.	<ul> <li>Written procedures govern selection of detainees for the Voluntary Work Program.</li> <li>The same procedures apply for replacement workers as for "new" workers.</li> <li>Staff follow written procedures.</li> </ul>	$\boxtimes$			Policy BTC-1-12, Work Program, outlines procedures for the selection of detainees for the voluntary work program.			
5.	Where possible, physically and mentally challenged detainees participate in the program.	$\boxtimes$						
6. •	The facility complies with work-hour requirements for detainees, not exceeding:  Eight hours a day.  Forty hours a week.	$\boxtimes$			Local policy addresses work hour requirements for detainees. Work schedules do not exceed an eight-hour work day or a 40-hour work week.			
7.	Detainee volunteers ordinarily work according to a fixed schedule.							
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	$\boxtimes$						
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	$\boxtimes$			Interviews and detainee work program documentation revealed detainee volunteers understand their responsibilities before they join the work program.			
10	<ul><li>The voluntary work program meets:</li><li>OSHA standards</li><li>NFPA standards</li><li>ACA standards</li></ul>	$\boxtimes$			The voluntary work program meets the orientation/safety training and injury reporting requirements required by the standard.			
11	<ul> <li>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>	$\boxtimes$			Documentation revealed detainees are screened and medically cleared prior to work assignment.			
12	. Detainees receive safety equipment/ training sufficient for the assignment	$\boxtimes$			Documentation supported the policy and practice that sufficient safety training for the work assignment is			

conducted.

PART 5 – 33. VOLUNTA	ARY W	ORK PROC	RAM			
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	W/A	Remarks		
13. Proper procedure is followed when an ICE detainee is injured on the job.				Local policy outlines procedures for addressing work-related injuries.		
PART 5 – 33. VOLUNTA	ARY WO	ORK PROG	RAM			
⊠ Meets Standard □ Does Not Meet St	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)						
The work program is discussed in the handbook and during intake orientation. Detainee work program requests must be cleared by ICE. Once ICE clears the detainee for work from a security standpoint, the medical department must screen and medically clear a detainee to participate in the work program. The case management department reviews and assigns the cleared detainees to appropriate work details. Although all detainees at this facility are Level 1, they are not permitted to work outside the secure perimeter.  (b)(6), (b)(7)(c) November 3, 2011  (b)(6), (b)(7)(c)						

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

## **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
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	$\boxtimes$			The facility issues a site-specific handbook supplement and the ICE National Detainee Handbook.
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	$\boxtimes$			
3.	A procedure for requesting interpretive services for essential communication has been developed.				Language Line Services are on contract with the facility to handle any interpretive services essential for communication with detainees.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	$\boxtimes$			
5.	The handbook supplements the facility orientation video where one is provided.				
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	$\boxtimes$			Handbook/policy revisions are communicated immediately through daily detainee orientation and bulletin board announcements.
7.	There is an annual review of the handbook by a designated committee or staff member.	$\boxtimes$			
8.	<ul> <li>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>	$\boxtimes$			The handbook discusses the admission process to include which personal items may be retained, initial issue of clothing and how to access medical care.
9.	The detainee handbook states in clear language basic detainee responsibilities.				
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	$\boxtimes$			The local handbook states that all detainees are classified prior to their arrival at this facility. This is a minimum security (Level 1) facility. The handbook discusses the classification appeals process.
11.	The handbook states when a medical examination will be conducted.	$\boxtimes$			
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	$\boxtimes$			

#### PART 6 - 34. 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
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.	$\boxtimes$			
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.	$\boxtimes$			
15. The handbook describes barber hours and hair cutting restrictions.				The handbook describes the services available at the Hair Care Salon and Barbershop. These areas are directly supervised by the recreation specialist. Hours are subject to change and are posted in the day rooms and outside the individual shops.
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.	$\boxtimes$			
17. The handbook addresses religious programming.				
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	$\boxtimes$			
19. The handbook describes the detainee voluntary work program.				
<ol> <li>The handbook describes the library location and hours of operation and law library procedures and schedules.</li> </ol>				
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.	$\boxtimes$			
22. The handbook/supplement provides local ICE contact information.	$\boxtimes$			
23. The handbook describes the facility contraband policy.	$\boxtimes$			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.				
25. The handbook describes the correspondence policy and procedures.				

#### 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	V/N	Remarks
26. The handbook describes the detainee disciplinary policy and procedures, including:				
<ul> <li>Prohibited acts and severity scale sanctions.</li> </ul>	$\boxtimes$	П		
<ul> <li>Time limits in the Disciplinary Process.</li> </ul>				
<ul> <li>Summary of Disciplinary Process.</li> </ul>				
27. The grievance section of the handbook explains all steps in the grievance process – Including:				
<ul> <li>Informal (if used) and formal grievance procedures;</li> </ul>				
<ul> <li>The appeals process;</li> </ul>				
<ul> <li>In CDFs procedures for filing an appeal of a grievance with ICE.</li> </ul>	$\boxtimes$			The grievance section of the handbook clearly outlines procedures for resolving
<ul> <li>Staff/detainee availability to help during the grievance process.</li> </ul>				complaints.
<ul> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> </ul>				
<ul> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul>				
28. The handbook describes the medical sick call procedures for general population and segregation.	$\boxtimes$			
29. The handbook describes the facility recreation policy including:				
<ul> <li>Outdoor recreation hours.</li> </ul>				
<ul> <li>Indoor recreation hours.</li> </ul>				
<ul> <li>In dorm leisure activities.</li> </ul>				
Rules for television viewing.				
<ol> <li>The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.</li> </ol>	$\boxtimes$			
31. The handbook specifies the rights and responsibilities of all detainees.	$\boxtimes$			
32. Detainees are required to sign for the handbook to ensure accountability.	$\boxtimes$			
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	$\boxtimes$			The case management staff coordinates oral facility orientations for all detainees.  Translation services are available when required.
PART 6 - 34. DE	TAINE	HANDBO	оок	
	Standa	rd 🗌 N	/A	☐Repeat Finding

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

This facility ensures that vital orientation information is communicated to all detainees by issuing the ICE National Detainee Handbook and a site-specific supplement upon arrival. Facility verbal orientations are also conducted and via video for all detainees.

Translation services are also available

(b)(6), (b)(7)(c) November 3, 2011

Reviewer's Signature / Date

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

#### PART 6 - 35. GRIEVANCE SYSTEM

This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are informed about the facility's informal and formal grievance system.	$\boxtimes$			Formal and informal grievance resolution options are discussed during facility orientation and in the handbook.
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	$\boxtimes$			
3.	<ul> <li>The grievance section of the handbook explains all steps in the grievance process – Including:</li> <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>				The grievance section of the handbook addresses all the steps of the grievance process to include: informal and formal procedures; the appeals process; staff/detainee availability to help during the grievance process; guarantee against retaliation; how to file a complaint about officer misconduct; and how to file an emergency grievance.
4.	Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	$\boxtimes$			Policy BTC-1-07, Grievance Procedures, discusses the informal resolution option. The detainee has five days within which to make his/her concern known to a staff member.
5.	<ul> <li>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>				
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	$\boxtimes$			
7.	emergency grievances, including the procedures for expediting them.	$\boxtimes$			Documentation confirmed staff is trained in how to identify and expedite emergency grievances.
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	$\boxtimes$			Local policy and practice ensure detainees' rights against retaliation for filing a complaint.

PART 6 – 35. GRIEVANCE SYSTEM						
This Detention Standard protects detainees' rights and ensur may file formal grievances and receive timely responses.	es they	are treate	d fairly	by providing a procedure by which they		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>9. Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complains" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>		$\boxtimes$		All complaints are logged at this facility. Nuisance complaints are not identified or tracked in any way.		
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	$\boxtimes$			The handbook cautions detainees about filing nuisance complaints.		
11. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$					
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	$\boxtimes$			All written grievance solutions are recorded and copies are placed in the detainee 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.	$\boxtimes$					
<ul> <li>14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</li> <li>In all facilities written procedures cover detainee appeals and are included in the detainee handbook</li> </ul>	$\boxtimes$			The handbook outlines procedures for filing an appeal directly with ICE.		
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. GR	IEVAN	CE SYSTE	:M			
⊠ Meets Standard ☐ Does Not Meet S	tandar	d 🗌 N//	A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)  The grievance log was reviewed. The facility reported a very low number of grievances since the last review. Observations revealed staff are accessible and have established an open line of communication with the detainee population. Most complaints are handled at the lowest level.  (b)(6), (b)(7)(c) / November 3, 2011  Reviewer's Signature / Date						

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL								
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility provides a designated law library for detainee use.	$\boxtimes$			There is a law library for detainee use in the facility.			
2.	The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.  In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.	$\boxtimes$			The list for "Access to Legal Materials" is posted in the law library and is also available through the LexisNexis electronic law library.			
3.	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.	$\boxtimes$			A LexisNexis electronic law library is available on six computer systems in the library. Printing, photocopying and supplies are available for detainees upon request.			
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	$\boxtimes$						
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	$\boxtimes$						
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	$\boxtimes$			Upon request, a detainee is provided the means to save legal work in a private electronic format.			
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	$\boxtimes$			The LexisNexis Law Library was updated in October 2011.			
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	$\boxtimes$						
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	$\boxtimes$			A full-time facility employee is assigned to the law library who complies with the requirements of this component.			
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.	$\boxtimes$						
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.	$\boxtimes$			Detainees may request material not currently found in the law library through the law librarian. The law librarian submits the request to ICE staff assigned to the facility.			

PART 6 – 36. LAW LIBRAR	IES ANI	D LEGAL N	<b>NATE</b>	RIAL		
This Detention Standard protects detainees' rights by ensuring	g their a	ccess to c	ourts,	counsel, and legal materials.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.				Policy BTC-1-01, Access to Legal Material, addresses this component.		
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.	$\boxtimes$					
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	$\boxtimes$			Policy BTC-1-01 addresses this component.		
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.			$\boxtimes$	The facility does not place detainees in administrative or disciplinary segregation status; therefore, does not have an SMU.		
16. All denials of access to the law library fully documented.	$\boxtimes$			In the past 12 months, no detainees have been denied access to the law library. This type of sanction, if it were to be imposed, requires documentation.		
Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	$\boxtimes$			In the past 12 months, no detainee or group of detainees has been denied access to the law library. ICE staff would be notified, if this type of incident were to occur.		
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.						
<ol> <li>Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.</li> </ol>				Policy BTC-1-01, Access to Legal Material, addresses this component.		
PART 6 – 36. LAW LIBRAR	IES ANI	D LEGAL N	MATER	RIAL		
	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)						
On-site observations, interviews with ICE and facility staff and a review of documentation confirmed the facility makes every effort to ensure detainees' rights are protected through access to courts, counsel and legal materials.						
(b)(6), (b)(7)(c) / November 3, 2011 Reviewer's Signature / Date (b)(6), (b)(7)(c)						

	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.							
					<u> </u>		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Check here if No Group Presentations were cond	lucted v	within the	past 1	2 months. Mark Standard as		
_	Acceptable overall and continue of	n with	next portion	on of v	vorksheet.		
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.						
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	$\boxtimes$			Once approval is granted by the FOD, the facility notifies the approved group representative.		
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	$\boxtimes$					
	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	$\boxtimes$			Policy BTC-1-19, Group Presentations on Legal Rights, addresses this component.		
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.	$\boxtimes$			In the past 12 months, no detainee has been denied permission to attend a presentation on immigration law procedures.		
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.	$\boxtimes$			Policy BTC-1-19, Group Presentations on Legal Rights, addresses.		
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.			$\boxtimes$	The facility does not have an SMU.		
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.	$\boxtimes$					
9.	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	$\boxtimes$					
10.	Staff permit presenters to distribute ICE/DRO-approved materials.	$\boxtimes$			Policy BTC-1-19, Group Presentations on Legal Rights, addresses this component.		
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.	$\boxtimes$			Policy BTC-1-19, Group Presentations on Legal Rights, addresses.		

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by ensuring organizations for the purpose of informing them of U.S. immig	their acc gration la	cess to infor aw and pro	matior cedure	n presented by authorized persons and es.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
☐ Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.						
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	$\boxtimes$					
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	$\boxtimes$			Policy BTC-1-19, Group Presentations on Legal Rights, addresses.		
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request				Upon request, detainees will be provided with a copy of Policy BTC-1-19, Group Presentations on Legal Rights.		
15. The facility maintains equipment for viewing approved electronically formatted presentations.						
PART 6 - 37. LEGAL RIGHTS	S GROU	JP PRESE	NTATI	ONS		
	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)  A review of documentation and staff interviews confirmed the facility protects detainees' rights by ensuring access to information presented by authorized persons and organizations for the purpose of informing them of U.S. Immigration law and procedures. The Americans for Immigrant Justice (AIJ), a non-profit organization, provides the required information on a regularly-scheduled basis. A						
schedule for this group's presentations is posted in various locations  (b)(6), (b)(7)(c) / November 3, 2011  Reviewer's Signature / Date (b)(6), (b)(7)(c)	s in the fa	acility which	are ac	cessible to the detainee population.		

# **Section VII ADMINISTRATION & MANAGEMENT**

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

#### PART 7 - 38. DETENTION FILES

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.	$\boxtimes$			A detention file is created for every detainee admitted to the facility.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$			
3.	<ul> <li>The detainee's Detention File also contains documents generated during the detainee's custody.</li> <li>Special requests</li> <li>Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay</li> <li>Disciplinary forms/Segregation forms</li> </ul>	$\boxtimes$			A review of several detention files found they contained appropriate documentation.
4.	Grievances, complaints, and the disposition(s) of same  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.	$\boxtimes$			Policy BTC-9-01, Files, addresses this component.
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.	$\boxtimes$			
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.	$\boxtimes$			When a request is approved, staff makes copies and sends them to the approved office.
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	$\boxtimes$			Policy BTC-9-01, Files, addresses.
9.	Electronic record-keeping systems and data are protected from unauthorized access.	$\boxtimes$			
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.	$\boxtimes$			
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.	$\boxtimes$			

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		
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	$\boxtimes$			On-site observations and staff interviews confirmed adequate supplies and workable equipment were available.		
<ol> <li>The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.</li> </ol>	$\boxtimes$					
<ol> <li>Archived files are purged after six years by shredding or burning.</li> </ol>	$\boxtimes$					
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	$\boxtimes$					
PART 7 – 38. DE	TENTIC	ON FILES				
⊠ Meets Standard □ Does Not Meet St	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)						
A review of documentation, on-site observations and staff interviews confirmed the facility has policy and procedures in place to maintain a detention file for each detainee booked into the facility in accordance with the ICE Standard.						
(b)(6), (b)(7)(c) November 3, 2011 Reviewer's Signature / Date (b)(6), (b)(7)(c)						

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS				
This Detention Standard ensures that the public and the med through interviews and tours.	a are info	ormed of ev	ents wi	thin the facility's areas of responsibility
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks
<ol> <li>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.</li> </ol>				This is addressed in Policy BTC-1-11, Visitation.
<ol> <li>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.</li> </ol>	$\square$			
<ol> <li>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.</li> </ol>				
<ol> <li>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.</li> </ol>				Policy BTC-6-06, Public Information/Media Access, addresses this component.
<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>				This function would be performed by ICE staff assigned to the facility and the Field Office.
PART 7 - 39. NEWS MEDI	A INTER	VIEWS AN	D TOL	JRS
⊠ Meets Standard ☐ Does Not Meet S	tandard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sour	ces used	d, etc.)		
A review of documentation and staff interviews with ICE and facility staff confirmed the facility has policy and procedures in place to ensure the public and the media are informed of events within the facility's areas of responsibility.				
(b)(6), (b)(7)(c) November 3, 2011  Reviewer's Signature / Date (b)(6), (b)(7)(c)				

	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.	$\boxtimes$			Lesson plans are approved through the GEO corporate office and comply with ACA and ICE standards.
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.				
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	$\boxtimes$			The training coordinator has many years of experience and holds a certificate from the National Institute of Corrections (NIC) as a trainer and master trainer.
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	$\boxtimes$			Documentation revealed current training plans have been reviewed and approved by the Warden.
5.	An accurate and complete record is maintained of all formal training activities in:  Individual training folders,  Other training records systems, and/or  Electronic systems.	$\boxtimes$			Hard copies of attendance rosters are maintained for each training session. Individual training records are maintained electronically.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: <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 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>Orientation and training on detainee handbook and detainee rights.</li> <li>Requirement of special-needs detainees.</li> <li>National Detention Standards</li> </ul> </li> </ul>	$\boxtimes$			Lesson plans for all new employees, contractors and volunteers were reviewed. Each one of the bulleted items identified in the component is included in the training modules. Employees and contractors receive a full 40-hour orientation while volunteers are provided an abbreviated overview.

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> <li>Key and Lock Control.</li> <li>Suicide risk and prevention.</li> </ul> </li> </ul>				Clerical and support employees receive a 40-hour orientation for new employees.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
will r minim	actors) who have regular or daily detainee contact receive training on the following subjects, at a	$\boxtimes$			Professional and support employees and contractors receive the complete 40-hour new employee orientation.

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>				Full-time health care employees receive the 40-hour orientation training. These employees must also attend a medical orientation which includes standard precautions, occupational exposure issues, personal protective equipment, bio-hazardous waste and medical grievance procedures and protocol.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: <ul> <li>Security procedures and regulations</li> <li>Supervision of detainees</li> <li>Searches of detainees, housing units, and work areas</li> <li>Signs of suicide risk, precaution, prevention and intervention.</li> <li>Code of Ethics</li> <li>Health-related emergencies</li> <li>Drug-free workplace</li> <li>Suicide precautions</li> <li>Self-defense techniques</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>Emergency plans and 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 abuse/assault awareness</li> <li>National Detention Standards.</li> </ul> </li> </ul>	$\boxtimes$			Security personnel, including contractors, receive the new employee orientation consisting of 40 hours.  Security personnel also receive an 80-hour job-specific orientation. Prior to starting their work assignment, security personnel must complete a 40-hour on-the-job training and a 40-hour initial duty assignment. These additional training segments have specific training topics and are documented.
<ul> <li>11. Situation Response Teams (SRTs) receive:</li> <li>Specialized training before undertaking their assignments.</li> </ul>	$\boxtimes$			This facility has a Disturbance Control Team (DCT). DCT teams initially receive 40 hours of specialized training. Additional eight-hour monthly training segments are also conducted.
<ul><li>12. Facility management and supervisory staff receive:</li><li>Management and Supervisory training</li></ul>	$\boxtimes$			Newly-promoted management and supervisory staff receive a 24-hour course in management and supervision.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. <b>(MANDATORY)</b> 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.	$\boxtimes$			The only personnel authorized to use firearms at this facility are the transportation officers. These officers must complete a Florida State regulated 28-hour classroom course that includes qualifying on the range. The state issues a 'G' license to officers who successfully complete the course.
14. <b>(MANDATORY)</b> All personnel authorized to use firearms demonstrate competency in their use at least annually.	$\boxtimes$			All personnel authorized to use firearms must demonstrate competency quarterly to maintain their 'G' license.
15. <b>(MANDATORY)</b> Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.			$\boxtimes$	No personnel are authorized to use chemical agents at this facility.
<ul> <li>16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using illegal drugs.</li> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> <li>Procedures to be used to ensure compliance.</li> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> <li>Penalties for violation of the policy.</li> </ul>	$\boxtimes$			Documentation revealed all employees receive initial and annual training on the facility's drug-free workplace program, to include the penalties for violation of the policy.
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.	$\boxtimes$			Human Resources maintain copies of signed drug-free workplace program acknowledgements.

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.</li> <li>Typical contents are: <ul> <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> </li></ul>	$\boxtimes$			All staff receives initial and annual training on the facility's code of ethics, which includes cautions about using their positions to secure privileges, conflict of interest activities, accepting gifts and campaigning issues.
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.	$\boxtimes$			Human Resources maintain copies of signed code of ethics acknowledgements.
<ul> <li>20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: <ul> <li>Recognizing of signs of potential health emergencies and the required responses.</li> <li>Administering first aid and cardiopulmonary resuscitation (CPR).</li> <li>Obtaining emergency medical assistance through the facility plan and its required procedures.</li> <li>Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.</li> <li>The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.</li> </ul> </li></ul>				The Medical Emergency Four-Minute Response course is conducted initially and annually for all staff. The lesson plan includes: recognizing potential health emergencies; CPR instruction; how to obtain medical assistance; signs and symptoms of mental illness; suicide; retardation; chemical dependency; and procedures for emergency medical transfers.

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: <ul> <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</li> </ul> </li></ul>	$\boxtimes$			A review of the lesson plans and course schedules for Sexual Abuse and Assault Prevention and Intervention Training ensures that all staff receives this training during orientation. GEO requires quarterly refresher training on this topic for all employees.
referrals in the facility's program.  22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:  • Identifying the warning signs and symptoms of impending suicidal behavior,  • Demographic, cultural, and precipitating factors of suicidal behavior,  • Responding to suicidal and depressed detainees,  • Communication between correctional and health care personnel,  • Referral procedures,  • Housing observation and suicide-watch level procedures, and  • Follow-up monitoring of detainees who have attempted suicide.				All employees receive initial and annual training on the facility's Suicide Prevention and Intervention Program. Topics include: warning signs and symptoms; precipitating factors; how to respond to suicidal or depressed detainees; communication between health care and correctional personnel; referral procedures; observations levels; and monitoring.
23. All staff is trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	$\boxtimes$			
24. All staff is 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.	$\boxtimes$			All employees receive specialized key control training on the Key Watcher System.

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							
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:  • The requirements of this Detention Standard  • The use of force continuum  • Communication techniques  • Cultural diversity  • Dealing with the mentally ill  • Confrontation-avoidance techniques  • Force cell-move techniques  • Communicable diseases, particularly precautions to be taken for use of force  • Application of restraints (progressive and hard)  • Reporting procedures.  26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.  PART 7 – 40. STAFF TRAINING    Meets Standard   Does Not Meet Standard   N/A   Repeat Finding							
facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:  The requirements of this Detention Standard  The use of force continuum  Communication techniques  Cultural diversity  Dealing with the mentally ill  Confrontation-avoidance techniques  Approved methods of self-defense  Force cell-move techniques  Communicable diseases, particularly precautions to be taken for use of force  Application of restraints (progressive and hard)  Reporting procedures.  Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.  PART 7 – 40. STAFF TRAINING  PART 7 – 40. STAFF TRAINING  Remarks: (Record significant facts, observations, other sources used, etc.)  Staff training is a priority at this facility. A review of the extensive lesson plans, as well as the frequency and types of training, serves to ensure personnel are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training size of particular their professional development through incentives used as the frequency and types of training, serves to ensure personnel are offered the tools they need to complete their assignments. Interviews with staff confirm that incentive programs are available and are encouraged by management.		Meets Standard	Does Not Meet Standard	N/A	Remarks		
PART 7 – 40. STAFF TRAINING  Meets Standard Does Not Meet Standard N/A Repeat Finding  Remarks: (Record significant facts, observations, other sources used, etc.)  Staff training is a priority at this facility. A review of the extensive lesson plans, as well as the frequency and types of training, serves to ensure personnel are offered the tools they need to complete their assignments. Interviews with staff confirm that incentive programs are available and are encouraged by management.	facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:  • The requirements of this Detention Standard  • The use of force continuum  • Communication techniques  • Cultural diversity  • Dealing with the mentally ill  • Confrontation-avoidance techniques  • Approved methods of self-defense  • Force cell-move techniques  • Communicable diseases, particularly precautions to be taken for use of force  • Application of restraints (progressive and hard)  • Reporting procedures.  26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and				aware of their responsibilities to control situations involving aggressive detainees using their communication skills. Training includes the UOF continuum. Only DCT members receive forced cell-move techniques training.  GEO encourages employees to continue their professional development with reimbursement		
Meets Standard Does Not Meet Standard N/A Repeat Finding  Remarks: (Record significant facts, observations, other sources used, etc.)  Staff training is a priority at this facility. A review of the extensive lesson plans, as well as the frequency and types of training, serves to ensure personnel are offered the tools they need to complete their assignments. Interviews with staff confirm that incentive programs are available and are encouraged by management.			]		administrative leave for continuing		
Remarks: (Record significant facts, observations, other sources used, etc.)  Staff training is a priority at this facility. A review of the extensive lesson plans, as well as the frequency and types of training, serves to ensure personnel are offered the tools they need to complete their assignments. Interviews with staff confirm that incentive programs are available and are encouraged by management.  (b)(6), (b)(7)(c) / November 3, 2011	PART 7 – 40. ST	TAFF TI	RAINING				
Staff training is a priority at this facility. A review of the extensive lesson plans, as well as the frequency and types of training, serves to ensure personnel are offered the tools they need to complete their assignments. Interviews with staff confirm that incentive programs are available and are encouraged by management.  (b)(6), (b)(7)(c) / November 3, 2011							

#### **PART 7 - 41. TRANSFER OF DETAINEES**

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.  • The notification is recorded in the detainee's file	$\boxtimes$			If a G-28 is on file, ICE Field Office staff will notify the representative of record within 24 hours of transfer.
	• When the A-File is not available, notification is noted within ENFORCE.				
	Notification includes the reason for the transfer and the location of the new facility,				
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	$\boxtimes$			ICE Field Office staff perform the requirements of this component.
5.	<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer.</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility.</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>	$\boxtimes$			The requirements of this component are included in Policy BTC-1-02, Admission and Release.
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.				
8.	<ul> <li>For medical transfers:</li> <li>The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.</li> <li>Medical transfers are coordinated through the local ICE/DRO office.</li> <li>A medical transfer summary is completed and accompanies the detainee.</li> <li>Detainee is issued a minimum of 7 days worth of prescription medications.</li> </ul>	$\boxtimes$			There is no DIHS staff assigned to this facility. Facility medical staff provide the ICE Field Office with all of the required documentation. ICE Field Office staff then perform all necessary functions required for a medical transfer.
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.	$\boxtimes$			ICE staff ensures detainees are transferred with documentation required by this component.
10.	For medical transfers, transporting officers receive instructions regarding medical issues.				

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	
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.		$\boxtimes$			Procedures are in place to ensure funds and property accompany detainee.	
12. Transfer and documentary procedures outlined in Section C and D are followed.						
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.		$\boxtimes$				
14. Meals are provided when transfers occur during normally schedule meal times.					When requested, the facility's food service operation provides the necessary meals for transfers.	
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub-office.		$\boxtimes$			This function is performed by ICE Field Office staff.	
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.		$\boxtimes$			This function is performed by ICE Field Office staff.	
PART 7 - 41. TRANSFER OF DETAINEES						
Remarks: (Record significant facts, observations, other sources used, etc.)						
A review of documentation and interviews with facility and ICE staff confirmed transfers from this facility are professionally and responsibly managed in regard to notifications, detainee records, safety and security and protection of detainee funds and personal property.  (b)(6), (b)(7)(c) November 3, 2011						
(b)(6), (b)(7)(c) November 3, 2011 (b) Reviewer's Signature / Date	)(6), (b)(7)(c)					

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



MEMORANDUM FOR:

Marc J. Moore

Field Office Director Miami Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

Broward Transitional Center Annual Review 2011

The annual review of the Broward Transitional Center conducted on November 1-3, in Pompano, Florida has been received. A final rating of "Meets Standards" has been assigned and this review is closed.

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

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

Should you or your staff have any questions regarding this matter, please contact

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

Deputy Assistant Director, Detention Management Division at (202) 73(2)(6), (b)(7)(c)

cc: Official File