### A. Type of Facility Reviewed

$\boxtimes$	ICE Service Processing Center
	<b>ICE Contract Detention Facility</b>

**ICE Intergovernmental Service Agreement** 

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

Type of Inspection Field Office HQ Inspection		
Date[s] of Facility Review		
March 8-10 2011		

### C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review				
March 23-25, 2010				
Previous Rating X Meets Standard				
Superior Good Acceptable Deficient At-Risk				

#### D. Name and Location of Facility

Name
Buffalo Federal Detention Facility
Address (Street and Name)
4250 Federal Drive
City, State and Zip Code
Batavia, New York 14020
County
Genesee
Name and Title of Facility Administrator (Warden/OIC/Superintendent)
(b)(6), (b)(7)(c) Assistant Field Office Director
Telephone # (Include Area Code)
(585) 3(44(6), (b)(7)(c)
Field Office / Sub-Office (List Office with oversight responsibilities)
Buffalo
Distance from Field Office
45 miles

### E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) (b) (6), (b)(7)((£)CI / MGT Name of Team Member / Title / Duty Location (b)(6), (b)(7)((c)CI-Security / MGT Name of Team Member / Title / Duty Location (b)(6), (b)(7)(c)/ CI-Medical Care / MGT Name of Team Member / Title / Duty Location (b)(6), (b)(7)(cCI-Environmental Health & Safety / MGT Name of Team Member / Title / Duty Location (b)(6), (b)(7)(cCI-Food Service / MGT

## F. CDF/IGSA Information Only

te of Contract or IGSA A				
4				
N/A				
Other Charges: (If None, Indicate N/A)				
N/A; N/A; N/A;				
Estimated Man-days Per Year				
N/A				

#### G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA - Aug. 2008, JCAHO - June 2008, NCCHC - Oct. 2008
Check box if facility has no accreditation[s]

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

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

### I. Facility History

Date Built				
March 1998				
Date Last Remodeled or Upgraded				
N/A				
Date New Construction / Bedspace Added				
October 2007/ 200 beds				
Future Construction Planned				
Yes No Date: Fall 2011				
Current Bedspace	Future Bedspace (# New Beds only)			
650 Number: N/A Date: N/A				

#### J. Total Facility Population

Total Facility Intake for previous 12 months	
4416	
Total ICE Mandays for Previous 12 months	

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

	L-1	L-2	L-3
Adult Male	172	345	127
Adult Female	N/A	N/A	N/A

#### L. Facility Capacity

	Rated	Operational	Emergency	
Adult Male	650	650	834	
Adult Female	N/A	N/A	N/A	
<b>Facility holds Juveniles Offenders 16 and older as Adults</b>				

## M. Average Daily Population

	ICE	USMS	Other
Adult Male	504	104	N/A
Adult Female	N/A	N/A	N/A

#### N. Facility Staffing Level

Security:	Support:
(b)(7)eICRb)(7)eAFOD(b)(7)e	(b)(7)eICEb)(7)eContract
SDDQb)(7)eSIEA(b)(7)eIEA,	Security Support(b)(7)e
(b)(7) DO, (b)(7) Contract	Support Services(b)(7)eIHSC,
Security	Religious Providers
Security	itengious i toviders

## 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.)	Physical	Physical	Physical	Physical
Offenders on Offenders <sup>1</sup>	With Weapon	2	0	3	0
	Without Weapon	27	18	31	47
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	0	Physical
Detainee on Staff	With Weapon	1	0	0	0
	Without Weapon	1	1	0	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	0	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	3	3	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	1	1	1	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
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	23	49	91	80
	# Psychiatric Cases referred for Outside Care	0	0	1	4

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

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

<sup>&</sup>lt;sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

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

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

## LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	
Title & Duty Location	Date
LCI & MGT of America	March 12, 2011

Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) CI-Security, MGT of America Print Name, Title, & Duty Location	(b)(6), (b)(7)(c) CI-Medical Care, MGT of America Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) CI-Environmental Health & Safety and Food Service, MGT of America	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

**Recommended Rating:** 

Meets Standards Does Not Meet Standards

Comments:

The facility had no deaths, escapes, or significant incidents during the last 12 months.

(b)(7)e

Canines are not used at this facility.

Office of Enforcement and Removal Operations

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



## U.S. Immigration and Customs Enforcement

APR 2.9 2011

MEMORANDUM FOR:	(b)(6), (b)(7)(c) Field Office Director
	Buffalo Field Office
FROM:	(b)(6), (b)(7)(c)
	Assistant Director for Detention Management
	. U
SUBJECT:	Buffalo Federal Detention Facility, Service Processing Center

The annual review of the Buffalo Federal Detention Facility, Service Processing Center (SPC) conducted during March 8-10, 2011, in Batavia, New York, has been received. A final rating of <u>Meets Standards</u> has been assigned. No further action is required and this review is closed.

Annual Review

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

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before March 10, 2012.

Should you or your staff have any questions regarding this matter, please contact (b)(6), (b)(7)(c) (Acting) Deputy Assistant Director, Detention Division at (202) 73(2)(6), (b)(7)(c)

cc: Official File

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

www.ice.gov

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)  $\boxtimes$ 

ICE Service Processing Center (SPC)

**ICE Contract Detention Facility (CDF)** 

Name

**Buffalo Federal Detention Center** 

Address (Street and Name)

4250 Federal Drive

City, State and Zip Code

Batavia, New York 14020

County

Genesee

Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator)

Assistant Field Office Director (b)(6), (b)(7)(c)

Operational

Name and Title of Lead Compliance Inspector

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

Date[s] of Review

From 3/8/11 to 3/10/11

Type of Review Headquarters

Special Assessment

Other

1 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

## 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.

## Table of Contents

### **SECTION I – SAFETY**

Emergency Plans Environmental Health and Safety Transportation (By Land)

## **SECTION II – SECURITY**

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

## **SECTION III – ORDER**

**Disciplinary System** 

### **SECTION IV – CARE**

Food Service Hunger Strikes Medical Care Personal Hygiene Suicide Prevention and Intervention Terminal Illness, Advance Directives, and Death

## **SECTION V – ACTIVITIES**

Correspondence and Other Mail 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

## **Section I SAFETY**

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

	PART 1 – 1. EMERGENCY PLANS					
	is Detention Standard ensures a safe environment for on ns to quickly and effectively respond to any emergency					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	No Detainee or detainee groups exercise control or authority over other detainees.				A review of the Emergency Plans requires staff to ensure detainees do not control or supervise other detainees.	
2.	<ul> <li>Detainees are protected from:</li> <li>Personal abuse</li> <li>Corporal punishment</li> <li>Personal injury</li> <li>Disease</li> <li>Property damage</li> <li>Harassment from other detainees</li> </ul>	$\boxtimes$				
3. •	Staff are trained to identify signs of detainee unrest. What type of training and how often?	$\boxtimes$			Training in Communication Skills is conducted during initial and annual training.	
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.				Supervisory staff compiles information from each post's confidential reports and prepare a summary report for the Assistant Field Office Director (AFOD).	
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				The facility Immigration Enforcement Agent/Emergency Services Officer and ACA Coordinator are designated as being responsible for updating the emergency plans. The AFOD approves and signs the plans.	
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	$\boxtimes$				
	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	$\boxtimes$			Several staff training records were reviewed and the required training is being provided.	
	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>					

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for or plans to quickly and effectively respond to any emergency					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	$\boxtimes$				
<ol> <li>Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.</li> </ol>	$\boxtimes$			In the event of any emergency that would affect the local residents, the AFOD coordinates notification between the facility staff and New York State Police.	
<ul> <li>12. The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>				The facility has Memoranda of Understanding with New York State Police, City of Batavia Police Department, Genesee County Sheriff's Office, First Student Transportation, and Federal Continuity of Operation Plan (COOP).	
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	$\boxtimes$			The facility conducted a mock exercise testing the evacuation plan on August 9-10, 2010, with the Federal Emergency Management Agency (FEMA) and other federal agencies.	
14. All staff receive copies of the Facility Hostage policy and procedures.				Staff review copies of the hostage policy during initial and annual training; however, they are not allowed to retain a copy. The policy is available in Central Control for staff to reference at any time.	
15. (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	$\boxtimes$				
<ol> <li>The facility maintains a list of translator services in the event one is needed during a hostage crisis.</li> </ol>				The facility has several bilingual staff who speak Spanish, Chinese, and Mandarin. The Department of Homeland Security (DHS) language services is also available.	
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	$\boxtimes$				
<ol> <li>The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.</li> </ol>	$\boxtimes$			The facility maintains seven days of emergency food in storage.	

PART 1 – 1. EMERGENCY PLANS				
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).</li> </ol>	$\boxtimes$			An illustration of the locations of shut-off valves and switches for utilities are displayed in the emergency plans.
<ol> <li>Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.</li> </ol>	$\boxtimes$			
<ul> <li>21. (MANDATORY) Written procedures cover:</li> <li>Work/Food Strike</li> <li>Fire</li> <li>Environmental Hazard</li> <li>Detainee Transportation System Emergency</li> <li>ICE-wide Lockdown</li> <li>Staff Work Stoppage</li> <li>Disturbances</li> <li>Escapes</li> <li>Bomb Threats</li> <li>Adverse Weather</li> <li>Internal Searches</li> <li>Facility Evacuation</li> <li>Detainee Transportation System Plan</li> <li>Hostages (Internal)</li> <li>Civil Disturbances</li> </ul>				Emergency plans were reviewed and found to contain relevant guidance regarding all bulleted items.
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	$\boxtimes$			
PART 1 – 1. EME	RGEN	CY PLANS	\$	
⊠ Meets Standard				

The Emergency Plans program is well managed. The plans are thorough, staff is being trained annually, testing of specific plans is being completed and an Emergency Team is in place. Written and signed agreements exist that provide for necessary assistance in the event of an emergency requiring transportation and law enforcement agencies support. There were no incidents requiring the use of any emergency plan during the past 12 months.

(b)(6), (b)(7)(c) <u>March 10, 2011</u> Reviewer's Signature / Date

	PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
hig	This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	<b>(MANDATORY)</b> The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				The maintenance, kitchen, laundry, and housing departments all maintain their own inventories of hazardous materials.	
	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	$\boxtimes$			All inventories reviewed were accurate and a copy of the MSDS was maintained with the chemicals.	
3.	The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.					
	The files list all storage areas, and include a plant diagram and legend.     The MSDSs and other information in the files are	$\bowtie$				
	<ul> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>					
4.	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures:	$\boxtimes$				
•	Wear personal protective equipment. Report hazards and spills to the designated official.					
	The MSDS are readily accessible to staff and detainees in the work areas.				MSDS files were readily available to anyone accessing the chemicals.	
6.	Hazardous materials are always issued under proper supervision.					
	Quantities are limited.					
	Detainees are trained.					
	<ul> <li>Staff always supervise detainees using these substances.</li> </ul>					
	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.		X		The dispensing system for Eco Lab chemicals has the lines exposed which allows for potential access by detainees. The lines are exposed between the secured chemical containers which run to the dispensing unit. Eco Lab enclosed the lines during the review.	
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	$\boxtimes$				
	All toxic and caustic materials stored in their original containers in a secure area.					
10	Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.					

## PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Staff directly supervise and account for products with methyl alcohol. Staff receive 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.			$\boxtimes$	No products were seen during this review that contained methyl alcohol.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	$\boxtimes$			
13. <b>(MANDATORY)</b> The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	$\boxtimes$			The facility complies with applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration.
14. A technically qualified staff member conducts fire and safety inspections.	$\boxtimes$			
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	$\boxtimes$			
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.				The facility's fire plan was reviewed by the local fire department on November 30, 2010 during a facility Emergency Service Meeting; however, written approval did not exist. During the week of this review, the Fire Chief faxed a memo stating he had reviewed the fire Emergency Plan and finds it both comprehensive and appropriate for the perceived risk.
<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>				
<ol> <li>Fire drills are conducted and documented quarterly in all facility locations including the administrative area.</li> </ol>	$\boxtimes$			Approximately 24 fire drills are conducted each month in order to ensure all areas of the facility have a quarterly fire drill.

## PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

equipment.	-			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
19. A sanitation program covers barbering operations.	$\boxtimes$			
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	$\boxtimes$			Haircuts are provided in the gym on the weekends.
21. The sanitation standards are conspicuously posted in the barbershop.	$\boxtimes$			
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			Local facility policy 74.4, Sharps Handling and Disposal, provides the written procedures for the handling and disposal of used needles and other sharp objects.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	$\boxtimes$			
<ul> <li>24. Standard cleaning practices include:</li> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>	$\boxtimes$			
25. Spill kits are readily available.				Spill kits are available in Health Services and each of the housing unit control rooms.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$			
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$			A contract is in effect with Waste Management Inc. for the removal of refuse from the facility.
<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>				Orkin provides monthly pest control services, or on an as needed basis.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				Frontier Tech Association provides wastewater testing. The Batavia City Water Treatment Plant provides the drinking water testing bi-annually. Tests occurred on December 13, 2010, and January 5, 2011.

## PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>31. Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>				The generators are run tested once a week and shut down with the backup system activated once a month. Milton Cat Inc. inspected the system on March 22, 2010, and October 19, 2010, and will provide services on an as-needed basis.
32. The Facility appears clean and well maintained.	$\boxtimes$			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	$\boxtimes$			
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	$\boxtimes$			
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	$\boxtimes$			A log is maintained verifying inspections of the Health Services Department on a daily basis by the Health Services Administrator or the Assistant Health Services Administrator.
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	$\boxtimes$			
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	$\boxtimes$			
<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>	$\boxtimes$			

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY			
🛛 Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding

The fire plan was reviewed by the local fire department on November 30, 2010, during a facility Emergency Service Meeting. The First Assistant Fire Chief and Fire Coordinator signed a form indicating they attended the meeting, but did not sign the actual plan. Corrective action was taken during the review. The Fire Chief faxed a memo to the facility stating he had reviewed the Emergency Plan and finds it both comprehensive and appropriate for the perceived risk.

The dispensing system for Eco Lab Chemicals had the lines exposed which permitted potential access by detainees. The lines are exposed between the secured chemical containers to the dispensing unit. Eco Lab took corrective action and enclosed the lines during the review.

The cleanliness and sanitation levels in the facility were good. All chemicals are stored and inventoried accurately.

(b)(6), (b)(7)(c) / March 10, 2011 Reviewer's Signature / Date

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

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	<b>V/N</b>	Remarks	
<ul> <li>8. (b)(7)eofficers 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>				(b)(7)eofficers with CDLs are assigned to transport detainees and ICE provides a chase vehicle.	
9. The transporting officer inspects the vehicle before the start of each detail.	$\boxtimes$				
10. Positive identification of all detainees being transported is confirmed.	$\boxtimes$				
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.				Interviews with transportation and ICE staff revealed all detainees are identified using a photo ID, alien number, and date of birth.	
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.					
13. (b)(7)(E)	$\boxtimes$			(b)(7)e	
<ul> <li>14. The vehicle crew conducts a visual count once all passengers are on board and seated.</li> <li>Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.</li> </ul>	$\boxtimes$				
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	$\boxtimes$			A review of the facility policy on Escorted Trips found restraining equipment is addressed in detail.	
<ul> <li>Officers ensure that no one contacts the detainees.</li> <li>(b)(7)e officer remains in the vehicle at all times when detainees are present.</li> </ul>	$\boxtimes$				
<ul> <li>17. Meals are provided during long distance transfers.</li> <li>The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.</li> </ul>	$\boxtimes$			Detainees are provided with two sandwiches, a piece of fruit, and two containers of juice during long trips. This meets the minimum dietary standards.	

PART 1 – 3. TRANSPORTATION (BY LAND)				
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.  Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative.</li> <li>Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.</li> </ul>	$\boxtimes$			A thorough inspection is conducted by the Transportation Officers to ensure quality and quantity of all meals. There are no basins and drinking-water containers on the bus. The toilet is sanitized after each trip.
19. Vehicles have: • • • • (b)(7)e	$\boxtimes$			
20. The vehicles are clean and sanitary at all times.		$\boxtimes$		An inspection of two buses revealed that the trash was not removed and the floors needed to be sweept. Management staff was notified and corrective action was taken.
<ul> <li>21. Personal property of a detainee transferring to another facility:</li> <li>Is inventoried.</li> <li>Is inspected.</li> <li>Accompanies the detainee.</li> </ul>	$\boxtimes$			

PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)	
equipped, maintained, and operated and that detainees are the supervision of trained and experienced staff.	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 in control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22. The following contingencies are included in the written procedures for vehicle crews:				
Attack				
Escape				
Hostage-taking				
Detainee sickness				
Detainee death				
Vehicle fire	$\boxtimes$			
Riot				
Traffic accident				
Mechanical problems				
Natural disasters				
Severe weather				
Passenger list is not exclusively men or women or minors				
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)	
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A		Repeat Finding

The facility transportation fleet consists of two full-size buses, one mid-size bus for short trips, and several vans to handle transportation of ICE detainees. Transportation staff records contained certification of Department of Transportation (DOT training, a bus driver training program, current physical, a copy of CDL, physical fitness inquiry for motor vehicle operation form, application for driver's card, and motor vehicle driving record. Valley Metro-Barbosa Group contract detention officers transport ICE detainees to airlift, the local hospital, county jails, and state facilities. ICE staff conducts all transportation to the airport for deportation cases.

(b)(6), (b)(7)(c) / <u>March 10, 2011</u> Reviewer's Signature / Date

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# Section II SECURITY

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

PART 2 – 4. ADMISSION AND RELEASE					
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>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 lega 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-cal procedures, and the detainee handbook.</li> </ol>				A detainee handbook is provided to each detainee upon admission. An orientation video is also shown to all detainees during admission. All areas required by the component are addressed.	
<ol> <li>Medical screenings are performed by medical staff <u>o</u> persons who have received specialized training for the purpose of conducting an initial health screening.</li> </ol>				Health care staff is assigned to the processing area and conducts all medical screenings prior to a detainee's assignment to a housing unit.	
<ol> <li>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.</li> </ol>				All arriving detainees are segregated from the general population until they have been through orientation and appropriately 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.				Facility policy 3.1.18, Searches, addresses this requirement.	
5. Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are neve 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, o equivalent, with proper supervisory approval.					
6. The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.				Facility policy 3.1.17, Contraband Control, addresses this requirement.	
<ol> <li>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.</li> </ol>					

PART 2 – 4. ADMISSION AND RELEASE				
This Detention Standard protects the community, detainee orderly operations when detainees are admitted to or relea				contractors by ensuring secure and
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$			The detainees are issued clothing and bedding items for the climatic conditions prior to leaving the processing center.
9. All releases are coordinated with ICE.	$\boxtimes$			
10. Staff complete paperwork/forms for release as required.	$\boxtimes$			
11. Each detainee receives a receipt for personal property secured by the facility.	$\boxtimes$			Each detainee receives a receipt for all property secured by the facility.
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	$\boxtimes$			Facility policy 4.1.1, Admission Procedures, addresses this requirement.
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	$\boxtimes$			
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	$\boxtimes$			
PART 2 – 4. ADMISSION AND RELEASE				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding

The facility has a good procedure for processing detainees upon admission to the facility. All detainees are classified, medically screened, issued property, and given an appropriate orientation in accordance with this standard. A review of intake logs and classification records support the in-house policy for the detainee admission process.

(b)(6), (b)(7)(c) <u>March 10, 2011</u> Reviewer's Signature / Date

	PART 2 – 5. CLASSIFICATION SYSTEM					
con	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.	$\boxtimes$			Facility policy 4.2.2, Detainee Classification System, explains the 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>	$\boxtimes$			Each detainee arriving at the facility is classified prior to being placed in general population. Some detainees are classified prior to arrival, but their classification is reviewed during intake.	
3.	The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival.				The facility has a triple-check process for reviewing work folders, A-files, and other documents when classifying 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.	$\boxtimes$			The facility uses the three levels of classification for housing unit assignments. Detainees are either classified as level 1 (low), 2 (medium), or 3 (high).	
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.					
7.	Detainee work assignments are based upon classification designations.	$\boxtimes$				
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.					
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification- level on appeal.	$\boxtimes$				
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.				All classification appeals are resolved within five business days.	

PART 2 – 5. CLASS	PART 2 – 5. CLASSIFICATION SYSTEM			
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.				
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks
11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	$\boxtimes$			The classification appeals are resolved by the facility AFOD.
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	$\boxtimes$			
<ol> <li>In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.</li> </ol>	$\boxtimes$			The facility assigns color-coded uniforms to detainees as follows: Level 1-blue, Level 2-orange, and Level 3-red.
PART 2 – 5. CLASSIFICATION SYSTEM				
⊠ Meets Standard   □ Does Not Meet Standard   □ N/A     □ Repeat Finding				

If an arriving detainee has not already been classified by ICE, an initial classification is conducted prior to the detainee being assigned to a housing unit. The classification process is completed by (b)(7)e different staff members with the (b)(7)e being a supervisor who gives the final approval on the classification level assigned.

(b)(6), (b)(7)(c) March 10, 2011 Reviewer's Signature / Date

PART 2 – 6. CONTRABAND					
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.</li> </ol>				A review of facility policy for Contraband Control provided procedural guidelines for handling contraband.	
2. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	$\boxtimes$				
<ol> <li>Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.</li> </ol>	$\boxtimes$				
4. Altered property is destroyed following documentation and using established procedures.	$\boxtimes$				
<ol> <li>Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.</li> </ol>				The facility religious authority is contacted. However, consultation is not required before religious items categorized as hard contraband are confiscated.	
6. Staff follow written procedures when destroying hard contraband that is illegal.					
<ul> <li>7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes.</li> <li>If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.</li> <li>Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property.</li> </ul>	$\boxtimes$			Hard contraband used for training is secured by the training officer when not in use. Detainee's personal property that is not allowed in the facility (e.g. personal clothing, cell phones) is stored until the detainee is released.	
<ol> <li>Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.</li> </ol>				The detainee handbook addresses the rules and procedures governing contraband.	
<ol> <li>Facilities with Canine Units only use them for contraband detection.</li> </ol>			$\boxtimes$	The facility does not have a Canine Unit.	
PART 2 – 6. 0	ONTR	ABAND			
🖂 Meets Standard 🛛 🗌 Does Not Meet S	andard	I		☐ Repeat Finding	

A review of facility policy, confiscation documentation, and interviews with staff indicate contraband is confiscated, stored, and destroyed in a manner which is consistent with PBNDS. Canines are not used at this facility.

(b)(6), (b)(7)(c) / <u>March 10, 2011</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

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
<ol> <li>The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.</li> </ol>	$\boxtimes$			
<ol> <li>At least(b)(7)emale and (b)(7)e<sup>i</sup>emale staff are on duty where both males and females are housed.</li> </ol>	$\boxtimes$			The facility does not house female detainees.
<ol> <li>Comprehensive annual staffing analysis determines staffing needs and plans.</li> </ol>	$\boxtimes$			
4. Essential posts and positions are filled with qualified personnel.	$\boxtimes$			
5. Every Control Center officer receives specialized training.				On-the-job training is provided from other experienced Central Control Center staff.
6. Policy restricts staff access to the Control Center.	$\boxtimes$			
7. Detainees do not have access to the Control Center.	$\boxtimes$			
8. Communications are centralized in the Control Center.	$\boxtimes$			
<ol> <li>Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.</li> </ol>	$\boxtimes$			Central Control has $b)(7)$ officers assigned to the day and evening shifts and $b)(7)$ officer assigned to the morning shift.
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	$\boxtimes$			The facility has two binders containing personal data cards.
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.				The facility recall list is located in (b)(7)e
12. (b)(7)(E)				
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.				
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			
15. All visits officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			
16. The facility has a secure, color-coded visitor pass system.	$\boxtimes$			
17. Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$			

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	¥/N	Remarks		
<ul> <li>18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:</li> <li>The driver's name</li> <li>Company represented</li> <li>Vehicle contents</li> <li>Delivery date and time</li> <li>Date and time out</li> <li>Vehicle license number</li> <li>Name of employee responsible for the vehicle during the facility visit</li> </ul>				The vehicle records log maintained at the vehicle sally port gate was reviewed and appeared to be in order and contain all information required.		
<ol> <li>Officers thoroughly search each vehicle entering and leaving the facility.</li> </ol>	$\boxtimes$			A review of the vehicle sally port logbook and observation revealed that the officer searched all vehicles entering and leaving the facility.		
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$					
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	$\boxtimes$					
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	$\boxtimes$					
23. Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$					
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.	$\boxtimes$					
26. There are post orders for every security officer post.		$\boxtimes$		During the review, there were no post orders for the Transportation Officers. The facility developed post orders during the review for this post.		
27. Detainee movement from one area to another area is controlled by staff.	$\boxtimes$			The facility uses direct staff supervision for the movement and control of detainees.		
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.						
<ol> <li>Every search of the SMU and other housing units is documented.</li> </ol>	$\boxtimes$					

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	N/A	Remarks	
30. The SMU entrance has a sallyport.	$\boxtimes$				
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	$\boxtimes$			Tools entering the SMU are inventoried and inspected by the SMU Officer.	
32. The facility has a comprehensive security inspection policy. The policy specifies:					
Posts to be inspected				The facility policy on Security	
Required inspection forms				Inspection was reviewed and	
Frequency of inspections	$\boxtimes$			addresses the bulleted items listed	
Guidelines for checking security features				in this component.	
<ul> <li>Procedures for reporting weak spots, in- consistencies, and other areas needing improvement</li> </ul>					
<ol> <li>Every officer is required to conduct a security check of his/her assigned area. The results are documented.</li> </ol>	$\boxtimes$				
34. Documentation of security inspections is kept on file.	$\boxtimes$			The facility security inspection forms are retained for 30 days.	
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	$\boxtimes$				
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	$\boxtimes$			A review of the facility Tool Inventory Control Log determined procedures are in-place.	
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>	$\boxtimes$			(b)(7)e (b)(7)(E) Central Control documents inspection results.	
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.					
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	$\boxtimes$				
FACILITY SECURITY AND CONTROL					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

The facility has a comprehensive security inspection policy. Security inspections are conducted in all areas of the facility daily, and they are documented on facility form, Daily Safety/Fire and Sanitation Inspection checklists. Security discrepancies are resolved by Maintenance Department in a timely manner. Walk through metal detectors are utilized in the main corridor and entrance to housing units A, B, and C. Notices have been posted in the front entrance clearly defining prohibited items to all visitors. The front lobby has X-ray equipment and walk-through metal detectors to screen visitors entering the facility. The perimeter patrol post is staffed 24 hours a day. Initially, post orders for the Transportation Officer did not exsist. However, they were developed prior to the end of the inspection.

(b)(6), (b)(7)(c) <u>March 10, 2011</u> Reviewer's Signature / Date

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention						
facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks	
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	$\boxtimes$			Valuables are accessible only to ICE supervisors. Detainee funds are accessible only by the Commissary Supervisor.	
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.					
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.				(b)(7) staff members and the detainee are present during the processing of the detainee's funds. The $b$ )(7) staff members and the detainee sign form G-589, and the process is monitored by video camera.	
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	$\boxtimes$				
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	$\boxtimes$				
7.	Staff forward an arriving detainee's medicine to the medical staff.	$\boxtimes$			Over-the-counter medications are placed in the detainee's property. Prescription medications are given to Health Services staff for processing.	
8.	Staff search arriving detainees and their personal property for contraband.	$\boxtimes$				
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	$\boxtimes$				
	Staff follow written procedures when returning property to detainees.	$\boxtimes$				
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	$\boxtimes$				

## PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12.	The facility attempts to notify an out-processed detainee that he/she left property in the facility.				
	<ul> <li>By sending written notice to the detainee's last known address; via certified mail;</li> </ul>				
	<ul> <li>The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>				
	Staff obtain a forwarding address from each detainee.	$\boxtimes$			A forwarding address is obtained from the detainee both during in and out processing to ensure accuracy of the forwarding address.
14.	It is standard procedure for b(7) officers to be present when removing/documenting the removal of funds from a detainee's possession.				The standard procedure for the removal/documenting of funds from a detainee is completed by $(b)(7)e$ officers in the presence of the detainee. The process is videotaped.
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	$\boxtimes$			
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.				A computerized log for G-589s was available during the review. The computerized log did not include the initials or star numbers of the receipting officers.
18.	Staff tag large valuables with both a G-589 and an I- 77.	$\boxtimes$			
19.	The supervisor verifies the accuracy of every G-589.	$\boxtimes$			
20.	The supervisor ensures that:				
	• Detainee funds are, without exception, deposited into the cash box;				All funds are pneumatically sealed and placed directly in the cash box.
	<ul> <li>Every property envelope is sealed.</li> </ul>	$\boxtimes$			Property is placed in a bin that is
	• All sealed property envelopes are placed in the safe.				secured with a tamper-proof numbered strap. Large property is
	• Large, valuable property is kept in the secured locked area.				maintained is a secured cage.
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	$\boxtimes$			
22.	Staff secure every container used to store property with a tamper-proof numbered strap.	$\boxtimes$			

## PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.					
24. <u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	$\boxtimes$				
25. The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.	X			Each (b)(7)e a processing officer conducts a (b)(7)e audit of all property. Each (b)(7)e the Property Officer and (b)(7)e in- processing officers do a verified audit of all property.	
26. The facility positively identifies every detainee being released or transferred.					
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.					
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A- file, retaining a copy in the detainee's detention file.	$\boxtimes$				
PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

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

A computerized log for G-589s is used at the facility and can be generated at any time. However, the log does not include the initials or star numbers of the receipting officers.

The property room is an efficient operation. The property room was well organized, easy identification of bins was noted, and the area was clean. The staff can track all actions taken on forgotten or missing property for the past seven years.

(b)(6), (b)(7)(c) <u>March 10, 2011</u> Reviewer's Signature / Date

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PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>The hold room is situated in a location within the secure perimeter.</li> </ol>				There are ()(7) hold rooms in the Processing Center.	
<ol> <li>The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.</li> </ol>					
<ol> <li>The hold rooms contain sufficient seating for the number of detainees held.</li> </ol>					
<ol> <li>No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.</li> </ol>					
<ol> <li>Hold room walls and ceilings are escape and tamper resistant.</li> </ol>				Hold rooms have metal ceilings and stainless steel affixed to concrete walls.	
<ol> <li>Detainees are not held in hold rooms for more than 12 hours.</li> </ol>	$\boxtimes$				
<ol> <li>Male and females detainees are segregated from each other at all times.</li> </ol>			$\boxtimes$	The facility does not house female detainees.	
<ol> <li>Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.</li> </ol>	$\boxtimes$				
<ol> <li>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.</li> </ol>					
<ol> <li>All detainees are given a pat down search for weapons or contraband before being placed in the hold room.</li> </ol>	$\boxtimes$				
<ul> <li>11. 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>				Staff conducts inspections of hold rooms for contraband, damage, and sanitation. Discrepancies are noted and a work order is submitted. A detainee porter is assigned to the Processing Center.	
<ul> <li>12. (MANDATORY) There is a written evacuation plan.</li> <li>There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.</li> </ul>				The facility has a written evacuation plan. In the event of an emergency, the desk officers are responsible for removing detainees from hold rooms. This evacuation responsibility is addressed in the post orders.	
<ol> <li>An appropriate emergency service is called immediately upon a determination that a medical emergency exists.</li> </ol>					

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
This Detention Standard ensures the safety, security, and of further processing. The maximum aggregate time an indiv					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area).</li> <li>If multiple-occupant hold rooms are used, there</li> </ul>	$\boxtimes$			The recommended occupancy capacity is posted on all hold rooms doors.	
is an additional 7 unencumbered square feet for each additional detainee.					
<ul> <li>15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are:</li> <li>Compliant with the American Disabilities Act.</li> <li>Small hold rooms (1 to 14 detainees) have at least one combi-unit.</li> </ul>			$\boxtimes$	This facility was designed before 1998.	
<ul> <li>Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.</li> </ul>					
<ol> <li>In SPCs designed after 1998 the hold rooms have floor drain(s).</li> </ol>			$\boxtimes$		
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.			$\boxtimes$		
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 house females or juveniles. Accommodations, as needed for detainees of an advanced age.	
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.			$\boxtimes$	Minors are not housed at this facility.	
<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>	$\boxtimes$			Detainees admitted to the facility are logged in and out of the Processing Center. Detainees are routinely moved from one hold room to another during various stages of the intake process.	
<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</li> </ul>	$\boxtimes$				
<ul> <li>access to snacks, milk or juice.</li> <li>Meal are served to juveniles regardless of time in custody</li> </ul>					
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 hold rooms are designed to accommodate detainees with disabilities.	

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	<b>V/N</b>	Remarks	
23. The maximum occupancy for the hold room will be posted.	$\boxtimes$			The recommended occupancy capacity is posted on all hold rooms doors.	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	$\boxtimes$				
25. Staff does not permit detainees to smoke in a hold room.	$\boxtimes$			The facility has been designated as smoke free.	
<ul> <li>26. Officers closely supervise hold rooms through direct supervision, to ensure: <ul> <li>Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and</li> <li>Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments."</li> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul></li></ul>	X			The physical plant layout of the Processing Center provides for direct staff supervision of all hold rooms. Visual monitoring is constant.	
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
⊠ Meets Standard   □ Does Not Meet Standard   □ N/A    □Repeat Finding					

The facility's hold rooms are properly secured, equipped, and utilized. Hold rooms are only used for the temporary detention of detainees awaiting removal, medical treatment, or other processing in and out of the facility.

	PART 2 – 10. KEY A			ROL			
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.				The Key Control Officer attended Southern Folger's comprehensive technical training school.		
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.	$\boxtimes$			Training is provided during initial and annual training.		
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	$\boxtimes$					
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			The Key Control Officer maintains quarterly documentation that indicates the completion of required maintenance.		
6.	Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$					
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	$\boxtimes$					
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.	$\bowtie$					
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.	$\boxtimes$					
13.	<ul> <li>The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to</li> <li>Occupational Safety and Environmental Health Manual, Chapter 3</li> </ul>	$\boxtimes$					
	National Fire Protection Association Life Safety Code 101.						
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	$\boxtimes$			The facility has six key boards.		
15.	<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>						

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		
16. Emergency keys are available for all areas of the facility.						
17. The facility uses a key accountability system.	$\boxtimes$			The chit system is used for the issuance of keys.		
18. Authorization is necessary to issue any restricted key.	$\boxtimes$			The shift supervisor is required to complete a Restricted Key Form.		
<ul> <li>19. Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>				The gun lockers are located in the (b)(7)e and are under constant camera surveillance. These areas are not accessible to detainees or the public.		
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				The Central Control Officer on the morning shift physically counts all keys. Keys rings are inspected routinely during shift inventories.		
<ul> <li>21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>						
22. Locks and locking devices are continually inspected, maintained, and inventoried.	$\boxtimes$			The Key Control Officer inspects exit doors and locks monthly. All other doors are inspected quarterly.		
<ol> <li>Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.</li> </ol>						
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.						
PART 2 – 10. KEY A	ND LO		ROL			
🛛 Meets Standard 🛛 🗌 Does Not Meet S	andard	I 🗌 N/A	1	Repeat Finding		

The Key and Lock Control program is supervised by a Key Control Officer. All key rings are maintained on a heavy gauge steel wire to prevent unauthorized tampering or removal of keys. The key boards have a brass tag corresponding to the hook number of the issue panel. The facility master key inventories were current at the time of the inspection. The Key Control Officer has developed a comprehensive operation. A total key count is conducted daily.

PART 2 – 11. POP	PART 2 – 11. POPULATION COUNTS					
	This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>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.</li> </ol>				There are four official counts within a 24-hour period. Counts are taken at 2:00 a m., 6:00 a.m., 11:30 a m., 4:30 p m. (a face-to-photo count), and 11:30 p m.		
2. Activities cease or are strictly controlled while a formal count is being conducted.				Staff from the facility Central Control announces over the radio system preparation for count 15 minutes before the count is taken.		
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.	$\boxtimes$					
5. Officers do not allow detainee participation in the count.	$\boxtimes$					
6. A face-to-photo count follows each unsuccessful recount.	$\boxtimes$					
7. Officers positively identify each detainee before counting him/her as present.	$\boxtimes$					
8. Written procedures cover informal and emergency counts.	$\boxtimes$					
9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	$\boxtimes$					
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.						
PART 2 – 11. POP	ULATIO		rs			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I		☐ Repeat Finding		

If there are more than five detainees being counted, a (b)(7)e (i.e. by(b)(7)e) (ficers) is completed. An indication of an inaccurate count from a unit will result in an order for a recount, and the Shift Supervisor is notified. Central Control staff collects all completed count slips, reviews them for accuracy, and tallies the official count. Inspectors observed the 4:30 p m. face-to-photo count. The count cleared at 4:50 p m. without incident.

(b)(6), (b)(7)(c) <u>March 10, 2011</u>

Reviewer's Signature / Date

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PART 2 – 12. POST ORDERS						
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. Every fixed post has a set of Post Orders.		$\boxtimes$		There were no Post Orders for Transportation at the beginning of the inspection. Management staff developed orders for this post prior to the end of the inspection.		
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	$\boxtimes$					
3. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	$\boxtimes$					
<ol> <li>One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.</li> </ol>	$\boxtimes$			The facility ICE Emergency Service Officer and ACA Coordinator is responsible for keeping all Post Orders current.		
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	$\boxtimes$					
6. The facility administrator authorizes all Post Order changes.	$\boxtimes$			All Post Orders reviewed had the AFOD's signature.		
7. The facility administrator has signed and dated the last page of every section.	$\boxtimes$					
8. A Post Orders master file is available to all staff.	$\boxtimes$			The Post Orders master file is located in the Chief of Security's office and detention officer's area.		
<ol> <li>Procedures keep Post Orders and logbooks secure from detainees at all times.</li> </ol>	$\boxtimes$					
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.	$\boxtimes$			Post Orders are reviewed during shift briefings and rounds which supervisors conduct at the facility.		
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.	$\boxtimes$					
<ul> <li>14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:</li> <li>Any staff member who is taken hostage is (b)(7)e</li> <li>(b)(7)e</li> </ul>						

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PART 2 – 12. POST ORDERS This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
<ol> <li>Post Orders for armed posts provide instructions for escape attempts.</li> </ol>	$\boxtimes$				
16. The Post Orders for housing units track the daily event schedule.					
<ol> <li>Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.</li> </ol>	$\boxtimes$				
PART 2 – 12. POST ORDERS					
🛛 Meets Standard 🗌 Does Not Meet Standard 🗌 N/A 🔤 Repeat Finding					

The Post Orders system at this facility is being effectively managed. Staff are required to sign and date the Post Orders sheet when assigned to a different post. A review of the content of the Post Orders was conducted to ensure standard requirements are being addressed regarding duties, responsibilities, and updates. Transportation Post Orders were developed and implemented during the inspection.

PART 2 – 13. SEARCHES OF DETAINEES					
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>There are written policy and procedures governing searches of housing areas, work areas and of detainees.</li> </ol>				Facility policy 3.1.18, Searches, explains the procedures governing searches of housing areas, work areas, and of detainees.	
2. Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	$\boxtimes$			Facility policy 3.1.18, Searches, explains that the least intrusive method of body search practical is to be used.	
<ol> <li>Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.</li> </ol>				Facility policy 3.1.18, Searches, explains the procedures required for staff to avoid unnecessary force during searches.	
<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>	$\boxtimes$			Facility policy 3.1.18, Searches, requires staff to leave searched housing areas, work areas, and detainee property in its original order, to the extent practicable.	
<ol> <li>Detainees are pat searched and screened by metal detectors routinely to control contraband.</li> </ol>					
6. Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.					
<ol> <li>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.</li> </ol>				The facility has conducted no body cavity searches within the last 12 months.	
<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>	$\boxtimes$			The facility has two cells available in the processing area.	
<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>	$\boxtimes$				
10. Canines are not used in the presence of detainees	$\square$			The facility does not use canines.	
PART 2 – 13. SEARC	HES O	F DETAIN	EES		
⊠ Meets Standard					

The facility search policy requires staff to use the least intrusive methods, avoid unnecessary force, and document all contraband discovered. All contraband confiscated during the searches is processed in accordance with the Contraband standard.

### 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
	e facility has a Sexual Abuse and Assault evention and Intervention Program.	$\boxtimes$			Facility policy 4.5.12, Sexual Abuse and Assault Prevention and Intervention, addresses this requirement.
	or SPCs and CDFs, the written policy and procedure s been approved by the Field Office Director.	$\boxtimes$			The policy was reviewed and signed by the FOD.
	acking statistics and reports are readily available for view by the inspectors.	$\boxtimes$			No cases of sexual assault or abuse have been reported at this facility. There is a tracking system in place as outlined in facility policy 4.5.12.
ref	staff are trained, during orientation and in annual fresher training, in the prevention and intervention eas required by the Detention Standard.	$\boxtimes$			A review of training files revealed that all staff receives this type of training initially after hire and annually thereafter.
	etainees are informed about the program in facility ientation and the detainee handbook (or equivalent).	$\boxtimes$			Detainees are informed thru a constantly running orientation video in the intake area as well as in the detainee handbook.
	e Sexual Assault Awareness Notice is posted on all using unit bulletin boards.	$\boxtimes$			Observations reveal that the Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.
is	e Sexual Assault Awareness Information brochure available for detainees. (Required in SPCs and DFs.)	$\boxtimes$			The Sexual Assault Awareness Information brochure has been incorporated into the local detainee handbook.
se	etainees are screened upon arrival for "high risk" xual assaultive and sexual victimization potential d housed and counseled accordingly.	$\boxtimes$			This is a standard part of the intake medical screening.
	incidents of sexual abuse or assault by a detainee a detainee have been documented in the past year.			$\boxtimes$	No incidents of sexual abuse or assault by a detainee on a detainee have been reported.
by	incidents or allegations of sexual abuse or assault staff on a detainee have been documented in the st year.			$\boxtimes$	No incidents or allegations of sexual abuse or assault by staff on a detainee have been reported.
de an rep	ere is prompt and effective intervention when any tainee is sexually abused or assaulted and policy d procedures for required chain-of-command porting.	$\boxtimes$			This is addressed in facility policy 4.5.12.
a evi	hen there is an alleged sexual assault, staff conduct thorough investigation, gather and maintain idence, and make referrals to appropriate law forcement agencies for possible prosecution.	$\boxtimes$			This is required by facility policy 4.5.12.

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
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	$\boxtimes$			This is required by facility policy 4.5.12.
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	$\boxtimes$			This is addressed in facility policy 4.5.12.
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.	$\boxtimes$			No claims of sexual abuse or assault have been reported. The designated staff coordinator is a mid-level practitioner.
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION				
Meets Standard Does Not Meet Standard N/A Repeat Finding				

Interviews with multiple staff and a review of policies reveal that no claims of sexual abuse or assault by either staff or detainees have been reported. An effective sexual abuse and assault prevention program is in place that provides for prompt intervention and treatment for victims. The program also requires the control, discipline, and prosecution of perpetrators of sexual abuse and/or assault.

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
1.	Written policy and procedures are in place for special management units.	$\boxtimes$			The facility policy for Special Housing Unit Operations was reviewed. The policy addresses the standard's requirements.		
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.	$\boxtimes$					
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High- Moderate" level, as defined in the Detention Standard on Disciplinary System.	$\boxtimes$					
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.				A review of detainee files noted an Admittance Record with written documentation from Health Care Unit staff acknowledging immediate notification when the detainee was placed in the Special Housing Unit.		
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	$\boxtimes$					
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	$\boxtimes$			SMU cells are single occupancy.		
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.				Inspection of all cells revealed several vent were covered with toilet paper, lights were covered with paper, and one detainee had a make-shift clothes line with t-shirt and underwear hanging on it. Overall, the SMU is clean.		
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.	$\boxtimes$			A logbook is maintained in the SMU recording pertinent information and all staff visits.		

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Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks		
<ol> <li>A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</li> <li>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.</li> </ol>						
<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>						
<ul> <li>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: <ul> <li>In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.</li> <li>In CDFs and IGSA facilities form I-888 or a comparable form is used.</li> </ul> </li> <li>In SPCs and CDFs: <ul> <li>By the end of each shift, the special housing unit officer records:</li> <li>Whether the detainee ate, showered, exercised, and took any medication, and</li> <li>Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc.</li> </ul> </li> <li>When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift.</li> </ul>	$\boxtimes$			Several detainees' Special Management Housing Unit Record files were reviewed. All files contained the information required on the form I-888.		
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.				All detainee SMU records are forwarded to the ICE DHO for distribution.		

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.	$\boxtimes$					
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation.						
	(In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	$\boxtimes$					
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).	$\boxtimes$					
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).	$\boxtimes$			During the review, a detainee was on constant observation. Medical staff was observed conducting scheduled visits to the detainee.		
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	$\boxtimes$					
18.	The facility administrator (or designee) visits each SMU daily.	$\boxtimes$					
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	$\boxtimes$			A review of SMU Record of Staff Visit forms, logbook, and interview with medical staff revealed that a Registered Nurse visits each day. A Physician's Assistant visits the SMU three times a week. Actions taken are documented on form 1-888.		
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	$\boxtimes$					
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.				Detainees are afforded the opportunity to shower and shave daily. Detainees are required to submit a request to staff for barbering. The remainder of the services noted in this component are provided.		

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
segregating cer Administrative S	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	NIA	Remarks		
reasons ar mattress, b so disturbe or bedding self or oth immediate instituted b	documented medical or mental health e detainees denied such items as clothing, bedding, linens, or a pillow. If a detainee is ed that he or she is likely to destroy clothing or create a disturbance risking harm to hers, the medical department is notified by and a regimen of treatment and contro by the medical officer.						
	in an SMU may write and receive letters as the general population.	$\boxtimes$					
24. Detainees privileges.	in an SMU ordinarily retain visiting	$\boxtimes$					
restricted of an SMU wh indicated	documentation was generated for any or disallowed general visits for a detainee in no violated visiting rules or whose behavior the detainee would be a threat to the good order of the visiting room in the past						
restricted detainee because committed guidelines the detain	documentation was generated, for any or disallowed general visitation for a in Administrative Segregation status the detainee was charged with, or , a prohibited act having to do with visiting or otherwise acted in a way that indicated ee would be a threat to the orderly or security of the visiting room in the past				There were no incidents of restricted or disallowed visitation for detainees in administrative segregation within the past 12 months.		
	circumstances is a detainee permitted to in general visitation while in restraints.	$\boxtimes$					
and violent	nd CDFs, detainees in protective custody and disruptive detainees are not permitted visitation room during normal visitation				There have been no incidents where detainees were not permitted visitation.		
are limited	nd CDFs, violent and disruptive detainees I to non-contact visits and, in extreme permitted to visit.				Visitation for violent and disruptive detainees requires approval by ICE staff and the Officer in Charge.		
30. Ordinarily, visitation.	detainees in SMUs are not denied lega	$\boxtimes$					
special sec be implen	policy and procedures for a situation where curity precautions for legal visitation have to nented and for advising legal service and assistants prior to their visits.						

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.						
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft- bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	$\boxtimes$					
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.	$\boxtimes$					
Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.						
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.	$\boxtimes$			Detainees in SMUs may request access to the law library. The day room in the SMU contains law books.		
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	$\boxtimes$					
<ul> <li>37. Any denial of access to the law library is always:</li> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security, and</li> <li>Fully documented in the SMU housing logbook.</li> <li>ICE/DRO is notified every time law library access is denied.</li> </ul>						
<ol> <li>Recreation for detainees in the SMU is separate from the general population.</li> </ol>	$\boxtimes$			The SMU recreation area is adjacent to the back of the unit.		
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	$\boxtimes$					

-	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
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	Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks		
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.	$\boxtimes$			Detainees are afforded one hour of recreation seven days a week.		
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.	$\boxtimes$					
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.						
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	$\boxtimes$					
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.				Detainees are afforded telephone access during recreation or out of- cell-time.		

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible.						
	A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.						
	If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.	$\boxtimes$					
	The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.						
	(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)						
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation.						
	A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.				The facility's written procedures		
	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.	$\boxtimes$			require a supervisory review after 72 hours. The SMU Supervisor then reviews the status of each detainee in disciplinary segregation every seven days. Reviews are		
	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.				documented on facility Form 008.		
	A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.						

PART 2 – 15. SPE						
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	
47. A copy of the decision and justification for review is given to the detainee, unless, in except circumstances, this provision would jeopa security. The detainee is given an opportuni appeal a review decision to a higher authority w the facility.	tional rdize ity to					
48. After seven consecutive days in Administr Segregation, the detainee may exercise the rig appeal to the facility administrator the conclus and recommendations of any review conducted. detainee may use any standard form of we communication (for example, detainee request for to file the appeal.	ht to sions The ] ritten	$\boxtimes$				
49. If a detainee has been in Administrative Segreg, for more than 30 days and objects to this status facility administrator reviews the case to deter whether that status should continue, taking account the views of the detainee. A written reco made of the decision and the justification. A similar review is done every 30 days thereafter	s, the mine into j ord is					
50. When a detainee has been held in Administr Segregation for more than 30 days, the fa administrator notifies the Field Office Director, notifies the ICE/DRO Deputy Assistant Dire Detention Management Division.	who				Existing procedure and protocol requires full documentation of all SMU detainees held for more than 30 days by the Officer in Charge. All of the notification required by this component are made.	
51. When a detainee is held in Administr Segregation for more than 60 days, the Field C Director notifies, in writing, the Deputy Assis Director, Detention Management Division, consideration of whether it would be appropria transfer the detainee to a facility where he or she be placed in the general population.	Office stant for ite to					
52. A detainee is placed in Disciplinary Segregation by order of the Institutional Disciplinary Panel (I or equivalent, after a hearing in which the deta has been found guilty of a prohibited act. The maximum of a 60 day sanction in Discipl Segregation for a violation associated with a s incident.	iDP), ainee				The sanction for a single incident is 14 days. Upon review of the detainee disciplinary record, the Officer in Charge has the authority to increase the sanction.	
53. After the first 30 days in Disciplinary Segregation facility administrator sends a written justification the Field Office Director, who may decide to trans the detainee to a facility where he or she could placed in the general population.	on to nsfer	$\boxtimes$				

	PART 2 – 15. SPECIAL MANAGEMENT UNITS					
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Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
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 detainee is given a copy of the disciplinary segregation order. Upon release from SMU the detainee record is forward to ICE DHO for record-keeping and a copy of the detainee record is placed in the detainee's detention file.		
<ul> <li>55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.</li> <li>A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).</li> <li>At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.</li> <li>The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.</li> <li>All review documents are placed in the detainee's detention file.</li> </ul>						
PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	3		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

The facility ensures supervision of the detainees in the Special Management Unit. The operations of the unit are supervised by staff that ensures detainees have all permitted items of personal property and access to medical services. Detainees in administrative segregation, protective custody, and disciplinary detention are housed separately. Logs have daily entries of any unusual detainee behavior. The sign-in log was reviewed and it revealed that supervisory and medical staff makes daily visits to the Special Management Unit. All protection requests are investigated and appropriate precautions are in place to protect detainees.

### 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
<ol> <li>The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.</li> </ol>				
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.				The facility has in-house Deportation Officers that make daily rounds in the housing units to visit with detainees.
<ol> <li>Scheduled visits are posted in ICE/DRO detainee housing areas.</li> </ol>				Each facility housing unit has a posting regarding the scheduled daily visits.
4. Visiting ICE staff observe and note current climate and conditions of confinement.	$\boxtimes$			
<ol> <li>ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.</li> </ol>	$\boxtimes$			Detainee request forms were located on each housing unit.
<ol> <li>The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.</li> </ol>				
<ol> <li>A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.</li> </ol>				
<ol> <li>Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,</li> </ol>				
<ol> <li>ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.</li> </ol>				
<ol> <li>ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.</li> </ol>				
<ol> <li>OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.</li> </ol>				The OIG hotline informational posters are located in all common areas of the facility. The hotline was tested during the inspection and found to be in working order.
12. Daily telephone serviceability checks are documented in the housing unit logbook.	$\boxtimes$			
PART 2 – 16. STAFF-DET	AINEE	COMMUN	IICATI	ON
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	I		☐Repeat Finding

The facility has in-house deportation staff that is available on a daily basis to address detainee issues and concerns. All detainee requests are generally processed on a daily basis with issues being resolved within 72 hours.

	PART 2-17. TO	OL CC	NTROL				
fac	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The Officer in Charge approves tool control procedures for proper implementation by department heads.		
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site- specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	$\boxtimes$					
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	$\boxtimes$			The facility tools and keys as well as medical and culinary equipment are controlled through the use of the chit system and Tool Sign Out/In Log. The facility also uses daily tool accountability checks.		
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	$\boxtimes$					
5.	<ul> <li>Tool inventories are required for:</li> <li>Facility Maintenance Department</li> <li>Medical Department</li> <li>Food Service Department</li> <li>Electronics Shop</li> <li>Recreation Department</li> <li>Armory</li> </ul>	$\boxtimes$			An inspection of all areas that have tools was conducted. The required inventories were legible and accurate.		
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	$\boxtimes$			Tool inventories are posted conspicuously on all shadow boards, toolboxes, and tool kits.		
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>	$\boxtimes$			Daily and monthly tool inventories are conducted.		

This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly							
facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ul> <li>8. The facility has a tool classification system. Tools are classified according to:</li> <li>Restricted (dangerous/hazardous)</li> <li>Non Restricted (non-hazardous).</li> </ul>				Tools are assigned one of two categories: Restricted (Class "R") and Non Restricted.			
<ol> <li>Department heads are responsible for implementing proper tool control procedures as described in the standard.</li> </ol>							
<ol> <li>There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.</li> </ol>	$\boxtimes$						
<ul> <li>11. The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Tools are stored on shadow boards in which the shadows resemble the tool.</li> <li>Shadow boards have a white background.</li> <li>Restricted tools are shadowed in red.</li> <li>Non-restricted tools are shadowed in black.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.</li> </ul>							
<ol> <li>Tools removed from service have their shadows removed from shadow boards.</li> </ol>	$\boxtimes$						
<ol> <li>Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.</li> </ol>	$\boxtimes$			Tools are stored in a locked cabinet, located in the tool cage.			
14. Sterile packs are stored under lock and key.	$\boxtimes$						
<ol> <li>Each facility has procedures for the issuance of tools to staff and detainees.</li> </ol>	$\boxtimes$			Tools are not issued to detainees.			
<ul> <li>16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:</li> <li>Verbal and written notification.</li> <li>Procedures for detainee access.</li> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>				The facility policy on Tool Control was reviewed. The policy addresses all bulleted items listed in this component.			
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				Broken and worn out tools are kept in the locked cage in the tool room and documentation is logged. Tools are disposed of in a dumpster outside of the secure perimeter.			

PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.						
<ol> <li>Hoses longer than three feet in length are classified as a restricted tool.</li> </ol>	$\boxtimes$			Hoses, ropes, and electrical cords in excess of three feet are marked as restricted tools.		
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	$\boxtimes$					
PART 2-17. TC	DOL CO	NTROL				
⊠ Meets Standard   □ Does Not Meet Standard   □ N/A     □Repeat Finding						

The main tool storage areas' inventories are current. Issuance of tools is strictly controlled. Facility tools are issued to staff only. Staff is provided clear guidance via policy. The overall supervision of the tool control program is effective. The Chief of Security and Maintenance Supervisor conduct a (b)(7)e tool inventory.

	PART 2 – 18. USE OF FORCE AND RESTRAINTS						
res	This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	(MANDATORY) The facility has a Use of Force Policy.	$\boxtimes$			The facility has a comprehensive Use of Force policy, to provide staff with guidance regarding the use of force and restraints.		
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 Procedures are used to resolve the incident in a non-confrontational manner.		
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	$\boxtimes$					
5.	The facility subscribes to the prescribed Confrontation Avoidance Procedures.	$\boxtimes$					
•	Ranking detention official, health professional, and others confer before every calculated use of force.						
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique.	$\boxtimes$					
7.	Under staff supervision.     Staff members are trained in the performance of the     Use-of-Force Team Technique.				Initial training is conducted and occurs annually, thereafter.		
8.	All use-of-force incidents are documented and reviewed.	$\boxtimes$			The Officer in Charge reviews all use-of-force incidents and documentation.		
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.				A review of several immediate use- of-force packets found the required documentation was submitted by staff involved in the incident. Two incidents were video recorded.		

PART 2 – 18. USE OF FORCE AND RESTRAINTS				
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.				
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks
10. Staff:				
<ul> <li>Does not use force as punishment.</li> <li>Attempts to gain the detainee's voluntary cooperation before resorting to force</li> </ul>				
<ul> <li>Uses only as much force as necessary to control the detainee.</li> </ul>				
<ul> <li>Uses restraints only when other non- confrontational means, including verbal persuasion, have failed or are impractical.</li> </ul>				
<ol> <li>Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.</li> </ol>				Facility policy on Medical Restraints and Therapeutic Seclusion/ Psychotropic addresses the use of medication for restraint purpose.
12. <b>(MANDATORY)</b> Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				Any staff participating in a calculated use-of-force wears appropriate protective gear and receives training on communicable disease.
<ul> <li>13. Standard procedures associated with using four/five point restraints include:</li> <li>Soft (nylon/leather) restraints.</li> <li>Dressing the detainee appropriately for the temperature.</li> <li>A bed, mattress, and blanket/sheet.</li> <li>Checking the detainee at least every 15 minutes.</li> <li>Logging each check.</li> <li>Repositioning detainee often enough to prevent soreness or stiffness.</li> <li>Medical evaluation of the restrained detainee twice per eight-hour shift.</li> <li>When qualified medical staff are not immediately available, staff position the detainee "face-up."</li> </ul>				
<ul> <li>14. The shift supervisor monitors the detainee's position/condition every two hours.</li> <li>He/she allows the detainee to use the restroom at these</li> </ul>				
times under safeguards.				
<ol> <li>All detainee checks are logged.</li> <li>In immediate-use-of-force situations, officers contact</li> </ol>	$\square$			
medical staff once the detainee is under control.	$\bowtie$			

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
<ol> <li>When the Facility Administrator authorizes use of non-lethal weapons:</li> </ol>				
<ul> <li>Medical staff are consulted before staff use pepper spray/non-lethal weapons.</li> </ul>	$\boxtimes$			
<ul> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>				
<ol> <li>Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.</li> </ol>	$\boxtimes$			(b)(7)e
<ol> <li>If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.</li> </ol>				
20. Special precautions are taken when restraining pregnant detainees.			$\boxtimes$	Females are not housed at this facility.
Medical personnel are consulted     Protective gear is were when restraining detainees				
21. Protective gear is worn when restraining detainees with open cuts or wounds.	$\boxtimes$			
22. Staff document every use of force, including what type of restraints was used during the incident.	$\boxtimes$			
23. It is standard practice to review any use of force and the non-routine application of restraints.	$\boxtimes$			
<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</li> </ul>	$\boxtimes$			Training in self-defense and confrontation-avoidance techniques is conducted in new employee training and annual recertification
they are certified in all devices approved for use.				training.
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.	$\boxtimes$			
26. The use of canines is restricted to contraband detection purposes only.	$\boxtimes$			
27. The officers are thoroughly trained in the use of soft and hard restraints.	$\boxtimes$			
<ol> <li>In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.</li> </ol>	$\boxtimes$			
PART 2 – 18. USE OF FORCE AND RESTRAINTS				
Meets Standard Does Not Meet Standard N/A Repeat Finding				

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A review of several use of force incident packets that occurred in the past 12 months was conducted. It indicated supervisory staff reviews use of force reports to ensure adherence to facility policy. The facility Special Emergency Response Team (SERT) receives training twice a month. The facility does not use (b)(7)e as part of their Use of Force continuum.

**Performance-Based National Detention Standards** 

# Section III ORDER

## **19 Disciplinary System**

63 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

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	<b>V/N</b>	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	$\boxtimes$			The facility policy addressing the disciplinary system was reviewed.
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:				The facility policy, Detainee Discipline) does not address deprivation of legal access and legal material. However, the detainee handbook and Special Housing Unit Operations policy state that the deprivation of legal access and material is not permitted.
	corporal punishment				
	<ul> <li>deviations from normal food service</li> </ul>				
	clothing deprivation				
	bedding deprivation	$\boxtimes$			
	<ul> <li>denial of personal hygiene items</li> </ul>				
	loss of correspondence privileges				
	deprivation of legal access and legal materials				
	deprivation of physical exercise				
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				An orientation video is continuously shown in the processing area. The detainee handbook describes the facility disciplinary procedures.
5.	<ul> <li>The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:</li> <li>Rights and Responsibilities</li> <li>Prohibited Acts</li> <li>Disciplinary Severity Scale</li> <li>Sanctions</li> </ul>		$\boxtimes$		A tour of the facility housing units revealed that Rights and Responsibilities were not posted in Spanish and English. Prohibited Acts, Disciplinary Severity Scale and Sanction were posted in English but not in Spanish. The detainee handbook provided this information in English and Spanish. The facility
					took corrective action on the above mentioned items during the review.
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.				

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	<b>V/N</b>	Remarks	
<ol> <li>An intermediate disciplinary process is used to adjudicate minor infractions.</li> </ol>				Minor infractions are handled by a shift supervisor not involved in the rule violation or having prior knowledge of the violation.	
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:					
<ul> <li>Conducts hearings on all charges and allegations referred by the UDC</li> </ul>					
<ul> <li>Considers written reports, statements, physical evidence, and oral testimony</li> </ul>	$\boxtimes$				
<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.					
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.				The maximum time for disciplinary segregation is for a period not to exceed 14 days.	
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	$\boxtimes$				
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$				
PART 3 – 19. DISCIPLINARY SYSTEM					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

The detainee discipline program is well managed and staff involved with the program appear to be well trained and professional. A review of ten completed disciplinary hearing packets indicates detainee are receiving a fair and impartial hearing, staff representative, interpreters when needed, and a copy of the report for the appeal process. The facility staff interviewed was aware of the major elements of the disciplinary system. At the time of the inspection, Rights and Responsibilities was not posted in English and Spanish. Prohibited Acts, Disciplinary Severity Scale and Sanctions was not posted in Spanish. This was rectified prior to the end of the inspection.

**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.				The Food Service Administrator (FSA) has a Bachelor of Arts degree in Food Service and is ServSafe certified. The responsibilities of the cooks and cook foremen are in writing and the FSA determines the responsibilities of the Food Service staff.			
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	$\boxtimes$						
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	$\boxtimes$						
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control				The key to the knife cabinet is restricted and can only be obtained by the FSA, Food Service Assistant or Cook Foreman. The knives are stored in a locked cabinet within a locked room.			
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			$\boxtimes$	The knives are not tethered because they are utilized only by contract staff in a secured prep room where detainees do not have access.			
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	$\boxtimes$						
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$						
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.		$\boxtimes$		The Food Service Department is contracted out to Valley Metro- Barbosa Group. Security staff conducts the population counts.			
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.				Detainees are checked upon their arrival to work in Food Service to ensure there are no health or cleanliness concerns. At the time of the inspection, the detainees working in Food Service were groomed and dressed in compliance with the standard.			
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	$\boxtimes$						

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$						
12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates:							
<ul> <li>Safe work practices and methods.</li> <li>Safety features of individual products/ pieces of equipment.</li> </ul>							
<ul> <li>Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>							
13. The Cook Foreman documents all training in individual detainee detention files.	$\boxtimes$			All training documentation is filed in individual detainee detention files.			
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.							
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.				The breakfast meal is served between 6:30 a m. and 7:00 a.m.; lunch is served at noon; and the evening meal is served at 5:00 p m.			
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			$\boxtimes$	This facility utilizes satellite feeding.			
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.				The facility utilizes a 35-day menu cycle.			
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.				All master-cycle menus are reviewed by the dietitian and a complete nutritional analysis was available for review. Whenever a substitute needs to be made, it is replaced with a like item that has been approved by the dietitian.			
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.							
<ul> <li>20. The Cook Foreman has the authority to change menu items if necessary.</li> <li>If yes, documenting each substitution, along with its justification, with copy to the FSA</li> </ul>							

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provid in a sanitary and hygienic food service operation.	ed a nut	ritionally ba	lanced	d diet that is prepared and presented	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
21. All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$				
22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.					
<ul> <li>Changes to the planned Common Fare menu can be made at the facility level.</li> </ul>					
<ul> <li>Hot entrees are offered three times a week.</li> </ul>					
<ul> <li>The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).</li> </ul>					
<ul> <li>Staff routinely provide hot water for instant beverages and foods.</li> </ul>					
<ul> <li>Common Fare meals are served with:</li> </ul>					
<ul> <li>Disposable plates and utensils.</li> </ul>					
<ul> <li>Reusable plates and utensils.</li> </ul>					
<ul> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.</li> </ul>					
<ol> <li>Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.</li> </ol>	$\boxtimes$				
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.				The ceremonial meals included Ash Wednesday, Lent, St Patrick's Day, Passover, Ramadan, Eid al Fitr, and Eid al Adah.	
26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.					
<ul> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> </ul>					
<ul> <li>Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate.</li> </ul>					
<ul> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>					
27. The food service program addresses medical diets.	$\boxtimes$				
28. Satellite-feeding programs follow guidelines for proper sanitation.					

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		
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.		$\boxtimes$		The plating of the noon meal was observed on Tuesday, March 8, 2011, with temperatures taken of the mixed vegetables at 144.4 degrees, ground turkey at 149 degrees, and rice at 159 degrees. The cold items did not meet the standard requirement of 41 degrees or less. The temperature for the pudding was 49 degrees, lettuce at 44 degrees and the tomatoes at 44.2 degrees. On Wednesday, March 9, 2011, the only cold item served was the kosher lettuce that met the standards requirement with a temperature of 40 degrees.		
30. All meals provided in nutritionally adequate portions.	$\boxtimes$					
31. Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$					
32. The food service staff instruct detainee volunteers on:						
<ul> <li>Personal cleanliness and hygiene;</li> </ul>						
<ul> <li>Sanitary techniques for preparing, storing, and serving food, and;</li> </ul>	$\boxtimes$					
<ul> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>						
<ol> <li>Everyone working in the food service department complies with food safety and sanitation requirements.</li> </ol>	$\boxtimes$					
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.				Inspections are conducted daily by the cook foreman, weekly by the FSA, once a month by medical staff, and twice a day by security officers.		
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.	$\boxtimes$			Documentation is maintained on the temperatures of the dishwashing machines after each meal and at ten- minute intervals until the dishwashing is completed.		
<ol> <li>(MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.</li> </ol>				The temperatures are recorded three times a day by food service staff and daily by the maintenance department.		

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	
<ol> <li>The cleaning schedule for each food service area is conspicuously posted.</li> </ol>					
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$				
40. Storage areas are locked when not in use.	$\boxtimes$				
41. Food service personnel conduct shakedowns along with detention staff.	$\boxtimes$				
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	$\boxtimes$				
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	$\boxtimes$				
44. <u>In SPCs only:</u> the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.			$\boxtimes$	The Food Service operation is run by a contractor and the quarterly estimates are submitted to the contractor's main office.	
45. When required, only food service staff prepare the sack lunches for detainee transportation.					
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.			$\boxtimes$	There are no outside doors in the food service department that require air curtains.	
47. Staff comply with the ICE requirements for "food receipt and storage.					
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.					
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				The detainees consume their meals in the housing units.	
<ul> <li>51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.</li> <li>Corrective action is taken on deficiencies, if any.</li> </ul>				The Genesee County, New York Health Department conducted an inspection on 12/1/2010.	
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.					

PART 4 – 20. F	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	<b>V/N</b>	Remarks	
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.	$\boxtimes$				
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	$\boxtimes$			A contract is maintained with Orkin for pest control to be conducted on a monthly or as needed basis.	
FOOD SERVICE					
⊠ Meets Standard					

Remarks: (Record significant facts, observations. other sources used. etc.) The Food Service operation is contracted with the (b)(6), (b)(7)(c)

The plating of the noon meal was observed on Tuesday, March 8, 2011. All hot foods met the required 140 degrees. The cold items did not meet the standard requirement of 41 degrees or less. The temperatures for the pudding were 49 degrees; lettuce was 44 degrees; and the tomatoes were 44.2 degrees. On Wednesday, March 9, 2011, the only cold item served was the kosher lettuce that met the standard's requirement with a temperature of 40 degrees. Staff stated they would have the refrigerator checked to ensure it is working accurately.

The Food Service Department is an efficient operation with good sanitation and cleanliness throughout the department at the time of the inspection.

PART 4 – 21. HUNGER STRIKES							
This Detention Standard protects detainees' health ar treating any detainee who is on a hunger strike.	This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ol> <li>When a detainee has refused food or observed have not eaten for 72 hours, it is standard practice staff to refer him or her to the medical department</li> </ol>	for 🖂			This is directed by facility local operating procedure (LOP) 814, Hunger Strikes.			
<ol> <li>Facility immediately reports via the chain of comma a hunger strike to ICE/DRO.</li> </ol>	and			This is an ICE facility and hunger strikes are reported immediately.			
<ol> <li>The facility has established procedures to ensure s respond immediately to a hunger strike.</li> </ol>	taff			Procedures are contained in LOP 814 and all staff receives training on hunger strikes annually.			
<ol> <li>Policy and procedure require that staff isolate hunger-striking detainee from other detainees.</li> </ol>	e a ⊠			LOP 814 states that a hunger striking detainee be placed in medical isolation.			
<ol> <li>Medical personnel are authorized to place a detair in the Special Management Unit or a locked hosp room.</li> </ol>				The SMU is used since there are no hospital rooms.			
<ol> <li>Medical staff record the weight and vital signs of hunger-striking detainee at least once every 24 hor</li> </ol>				This is required by LOP 814.			
<ol> <li>The facility medical authority obtains a hunger strike consent before medical treatment.</li> </ol>	er's			LOP 814 requires completion of form IHSC-793, Medical Consent, prior to treatment of a hunger striker.			
<ol> <li>A signed Refusal of Treatment form is required every detainee who rejects medical evaluation treatment, or two staff/provider signatures indicat detainee refusal to sign form.</li> </ol>	or 📈			This is specifically addressed in LOP 814.			
<ol> <li>Unless otherwise directed by the medical author staff deliver three meals per day to the detainer room, regardless of the detainee's response to verbally offered meal and document those meal offered</li> </ol>	e's ⊠			This is required by LOP 814.			
10. Staff maintain the hunger striker's supply of drink water/other beverages.	ing			LOP 814 requires that a hunger striker be provided drinking water and other beverages.			
11. During a hunger strike, staff remove all food ite from the hunger striker's living area.	ms 🛛			When a hunger striker is placed on medical isolation status all food items are removed from the hunger strikers living area.			
<ol> <li>Staff are directed to record the hunger striker's fl intake and food consumption on the Hunger Str Monitoring Form I-839 or equivalent.</li> </ol>				A hunger strikers fluid intake and food consumption is required by LOP 814.			
13. The medical staff have written procedures for treat hunger strikers.	ting			The medical staff has written procedures for monitoring hunger strikers. If forced treatment becomes necessary, the detainee is transferred to a local hospital for this treatment.			

PART 4 – 21. HUNGER STRIKES This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.					
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks	
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.	$\boxtimes$			Documentation of treatment attempts are required by LOP 814.	
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.	$\boxtimes$			A review of the training syllabus reveals that all staff receives training on hunger strikes during orientation and annual training. Medical staff training records indicate that they receive annual training on hunger strike evaluation and treatment.	
PART 4 – 21. HU	INGER	STRIKES			
⊠ Meets Standard					

A review of policies and interviews with corrections and medical staff indicate that hunger strikes are infrequent. Staff are knowledgeable in the identification, referral, and monitoring of hunger strikes. The facility does not force feed or treat a detainee without consent. If forced treatment becomes necessary, the detainee is transferred to a local hospital.

PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	$\boxtimes$			The facility is accredited by the American Correctional Association, the National Commission for Correctional Health Care, and the Joint Commission for Accreditation of Healthcare Organizations. All staff professional licenses are current.		
2.	The facility's in-processing procedures of arriving detainees include medical screening.	$\boxtimes$			A review of 30 detainee medical records reveals that all had a medical screening performed by a health care provider as part of the in-processing procedures.		
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.	$\boxtimes$			There is a staffing plan that is reviewed annually by the health authority. Present staffing is adequate to perform the mission and to provide the required scope of services.		
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				All newly admitted detainees are informed how to access health services by the health care provider during the medical screening process. This information is also contained in the detainee handbook. The interpretalk contract phone service is used to translate for detainees who speak a language that is not available through staff on site.		
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, 365 days a year. Emergency medical, dental, and mental health services are always available.		
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.	$\boxtimes$			A review of direct care staff records reveals that all detainees had TB tests prior to a job assignment and annually thereafter. Where indicated, all detainees were offered hepatitis B vaccine.		
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.				A review of randomly selected credential files reveals that all staff had current licenses and job descriptions at the time of the inspection.		

	PART 4 – 22. N	IEDICA					
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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).				Each detainee is given a copy of the detainee handbook which includes the procedures for accessing health care services. The handbook is available in English and Spanish.		
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.				Medical staff credentialing and verification complies with NCCHC and JCAHO standards.		
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>				All medical, dental, and mental health screenings are performed by a health care provider. A review of 30 detainee medical records reveals that screenings were performed within 12 hours of arrival		
11.	(MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				The interpretalk telephonic translation service is utilized.		
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				Although space is somewhat limited, there are examination rooms used that affords detainees privacy when receiving health care.		
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 medical department is a restricted-access area. It is located within the confines of the secure perimeter.		
14.	The medical facility entrance includes a holding/waiting room.	$\boxtimes$			There is a holding/waiting room within the entrance to the medical department.		
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.				The holding/waiting room is under the direct supervision of custodial staff.		
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.				The holding/waiting room does not contain a toilet or drinking fountain, but these are available upon request to the officer supervising this area.		

	PART 4 – 22. M						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
17.	<ul> <li>Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				Medical records are kept in open files in a room that is shared with other medical staff (i.e. the Assistant Health Services Administrator). The room can be locked and access is restricted to authorized medical staff. Procedurally, copies of medical records are not placed in detainee files.		
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.				A general consent form is completed as part of the in- processing procedures. Additional consent forms are used for any invasive treatment or procedures.		
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			Form I-813 is used for release of confidential medical records.		
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	$\boxtimes$			An average of five days notice is given prior to release, transfer, or removal 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.	$\boxtimes$			The USM 553 medical summary is used for detainee transfers.		
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."	$\boxtimes$			The medical summaries are placed in an envelope and labeled "Medical Confidential".		
23.	Medical screening includes a Tuberculosis (TB) test.	$\boxtimes$			A review of 30 detainee medical records reveals that all had TB testing as part of the intake medical screening.		
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>				A mental health screening is performed by a health care provider as part of the medical screening before a detainee is assigned to a housing unit.		
25.	The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.				A health care provider reviews and initials all I-794s and any other medical documents that accompany an arriving detainee.		

	PART 4 – 22. N	IEDICA	LCARE					
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
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.	$\boxtimes$			A review of 30 detainee medical records reveals that all had a health appraisal and physical examination completed within 14 days of arrival.			
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	$\boxtimes$			Detainees in SMU have access to the same level of care as detainees in the general population.			
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>	$\boxtimes$			Sick call request slips are available 24 hours a day in English and Spanish. Slips are picked-up by a health care provider 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.				Medical personnel are on duty 24 hours per day. Local Operating Procedure (LOP) 318, After Hours Medical Emergencies, and LOP 807, Medical Emergencies, address the procedures to follow when outside medical attention is required.			
30.	The plan includes an on-call provider.	$\boxtimes$			The plan includes on-call providers for medical, dental, and mental health.			
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	$\boxtimes$			The plan includes telephone numbers for local ambulances (911) and for United Memorial Hospital.			
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	$\boxtimes$			Plans for facility staff to utilize this emergency health care consistent with security and safety is addressed in BFDF LOP 807.			
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.	$\boxtimes$			This training is provided by the medical staff. A review of training files indicates that detention and health care personnel are trained annually.			
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	Medication is only distributed by health care providers.			

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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 stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security. This is addressed in LOP 100, Pharmacy.		
<ul> <li>(MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include:</li> <li>A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.</li> <li>A method for obtaining medicines not on the formulary.</li> <li>Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed.</li> <li>Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.</li> <li>Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.</li> </ul>				LOP 100, Pharmacy, addresses a method for obtaining medicines not on the formulary, prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescriptions are reviewed before being renewed, procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications, secure storage and perpetual inventory of all controlled substances, syringes, and needles. The facility also has a formulary for all prescription and non-prescription medicines stocked or routinely procured from outside sources.		
<ul> <li>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 secure pharmacy that features a secure perimeter, access limited to pharmacy staff, solid (e.g. concrete block) walls from floor to roof, a solid core entrance with a high security lock, and a secure controlled substance storage area.		

	PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	<ul> <li>In SPCs and CDFs, the pharmacy has a locking pass-through window.</li> <li>Administration and management in accordance with state and federal law.</li> <li>Supervision by properly licensed personnel.</li> <li>Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent.</li> <li>Accountability for administering or distributing medications in a timely manner and according to physician orders.</li> </ul>	$\boxtimes$			The pharmacy has a locking pass- through window. The pharmacy has been without a pharmacist for three months. A pharmacist is expected to report for duty in two weeks. A contract mail order pharmacy is currently being utilized. Administration and management is in accordance with state and federal law. The pharmacy is currently supervised by the physician. Administration of medications is only performed by health care providers.			
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.				Pill line was observed, and it was determined that distribution of medication is in accordance with policy and procedures. A standard Medication Administration Record is utilized.			
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>	$\boxtimes$			The facility is medically staffed 24 hours per day. Medication is only delivered and administered by health care providers.			
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.			$\boxtimes$	Officers do not distribute medication at this facility.			
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	$\boxtimes$			The Special Needs Form, DIHS Form 819, is used to inform the AFOD when a detainee has special needs.			
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	$\boxtimes$			Examinations by independent medical service providers and experts is addressed in LOP 808, Off-site Referrals			

	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.						
prov	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	<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>				A review of the Infection Control Plan reveals that it addressed the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization, treatment, follow-up, isolation, and reporting to local, state, and federal agencies. The plan includes coordination with public health authorities, ongoing education for staff and detainees, control, treatment, prevention strategies, protection of individual confidentiality, media relations, management of tuberculosis, hepatitis A, B, and C, HIV infection, Avian influenza, and reporting communicable diseases to local and/or state health departments in accordance with local and state regulations.		
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	$\boxtimes$			Detainees with communicable diseases are isolated according to the Infection Control Plan.		
	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.				A review of 30 detainee medical records reveals that all received TB screenings in accordance with guidelines for the CDC. PPD is the primary screening method at this facility. Chest x-rays are performed for those with a positive or history of positive PPD. Detainees not screened are housed separately from the general population.		
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 placed in one of two negative pressure isolation rooms and are promptly evaluated for disease.		
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 is addressed in LOP 318, After Hours Medical Emergencies.		

PART 4 – 22. MEDICAL CARE								
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
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.				A review of 30 detainee medical records reveals that detainees who require close or chronic medical supervision are treated in accordance with a plan that is initiated by the physician, physician assistant, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.			
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 are not housed at this facility.			
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				A review of the medical records for 12 detainees with chronic conditions reveals that all are seen at least monthly by the physician or mid-level practitioner. All detainees receive treatment that includes monitoring of medications, laboratory testing, and other care, as needed.			
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 Special Needs Form, DIHS Form 819, is used at this facility.			
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	$\boxtimes$			The facility has a full-time dentist who provides emergency and routine dental care to detainees upon request.			
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.				Detainees with mental health problems are referred to a full-time mental health social worker. The mental health social worker refers to a psychiatrist who provides in- house services one day a week. There is also a psychiatrist available who provides telemedicine services once a week.			
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	$\boxtimes$			Crisis intervention services are available on or off site for detainees who experience acute mental health episodes.			

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have a prevention and health education, so that their health care					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
56. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	$\boxtimes$			Medical and mental health interviews, examinations, and procedures are conducted in examining rooms and/or offices that provide detainees privacy. Female detainees are not housed at this facility.	
57. <b>(MANDATORY</b> ) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	$\boxtimes$			A review of detainee medical records reveals that detainees referred for mental health treatment receive a comprehensive evaluation by a licensed mental health provider within 14 days of referral.	
<ul> <li>58. (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify:</li> <li>The conditions under which restraints may be applied;</li> <li>The types of restraints to be used;</li> <li>How a detainee in restraints is to be monitored;</li> <li>The length of time restraints are to be applied;</li> <li>Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>After-incident review.</li> <li>The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form.</li> </ul>	$\boxtimes$			LOP 1516, Medical Restraints and Therapeutic Seclusion/Forced Psychotropic Medication, addresses procedures that specify the conditions under which restraints may be applied; the types of restraints to be used; how a detainee in restraints is to be monitored; the length of time restraints are to be applied; requirements for documentation; including efforts to use less restrictive alternatives; and after incident review. It also indicates that a Post-Restraints Observation Report is to be completed.	
<ul> <li>59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:</li> <li>Specify the duration of therapy;</li> <li>Obtain an order authorizing the administration of the drug from a Federal District Court.</li> <li>Document that less restrictive intervention options have been exercised without success;</li> <li>Detail how the medication is to be administered;</li> <li>Monitor the detainee for adverse reactions and side effects; and</li> <li>Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>	$\boxtimes$			LOP 1516 addresses the involuntary administration of psychotropic medications and states that the authorizing physician or psychiatrist will specify the duration of therapy; obtain an order authorizing the administration of the drug from a Federal District Court; document that less restrictive intervention options have been exercised without success; detail how the medication is to be administered; monitor the detainee for adverse reactions and side effects; and prepare treatment plans for less restrictive alternatives as soon as possible.	

PART 4 – 22. MEDICAL CARE					
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks	
60. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	$\boxtimes$			A review of 30 detainee medical records reveals that all had an initial dental screening exam performed within 14 days of arrival. Screenings are performed by the dentist, physician assistant, nurse practitioner, and a trained registered nurse (RN).	
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.	$\boxtimes$			Monthly inspections of first aid kits are addressed in LOP 337, First Aid Kits.	
62. An automatic external defibrillator should be available for use at the facility.	$\boxtimes$			Automatic External Defibrillators are available in the medical department and in the intake area.	
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	$\boxtimes$			Treatment refusal is addressed in LOP 202, Refusal of Treatment or Procedure.	
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 Facility Administrator and Health Services Administrator meet every Tuesday and Thursday.	
65. <b>(MANDATORY)</b> 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.	$\boxtimes$			Biohazardous waste is handled and stored in compliance with regulations. Medical and dental equipment is decontaminated and sterilized in accordance with sound medical practice.	
66. <b>(MANDATORY</b> ) The health authority will implement a system of internal review and quality assurance.	$\boxtimes$			The department has an active internal review and quality assurance program.	
PART 4 – 22. N	IEDICA				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		Repeat Finding	

The medical department is staffed with both uniformed Public Health Service Officers and civilians assigned to the Immigration Health Services Corps. The facility has been accredited by the American Correctional Association, the National Commission on Correctional Health Care, and the Joint Commission on Accreditation of Health Organizations.

A review of 30 randomly selected detainee medical records revealed that detainees have access to a continuum of health care services and that their medical, dental, and mental health care needs are met in a timely and efficient manner. Intake screenings, TB testing, and physical examinations/assessments are completed within the required time frames.

Interviews with detainees and staff, observation of pill lines, pharmacy operations, intake screenings, sick call, and dental services, demonstrates that detainees have full access to comprehensive medical, dental, and mental health services.

	PART 4 – 23. PERSONAL HYGIENE						
the	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	<b>V/N</b>	Remarks		
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	$\boxtimes$			Facility policies 4.4.4, Detainee Clothing, Bedding, and Linen Supplies, and 4.1.3, Intake Processing, addresses.		
	<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>				Detainees are issued two uniform shirts, two pairs of uniform pants, five pairs of socks, five sets of underwear, and one pair of facility - issued footwear.		
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	$\boxtimes$					
	<ul> <li>New detainees are issued clean bedding, linens and towels, at a minimum:</li> <li>One mattress</li> <li>One blanket</li> <li>Two sheets</li> <li>One pillow</li> <li>One pillowcase</li> <li>One towel</li> <li>Additional blankets, based on local weather conditions.</li> </ul>				New detainees are issued clean bedding to include a mattress, a blanket, two sheets, a pillow, a pillowcase, and a towel. The facility is temperature controlled and is therefore not affected by local weather conditions.		
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 only houses male detainees.		
6.	<ul> <li>Toilet facilities are:</li> <li>Clean</li> <li>Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.</li> </ul>	$\boxtimes$			Inspection of housing units reveals that toilet facilities are clean, adequate in number, and can be used without staff assistance 24 hours per day.		

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	V/N	Remarks		
<ul> <li>7. Bathing facilities are:</li> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.</li> <li>ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.</li> </ul>	$\boxtimes$			There are eight washbasins and showers per 86-detainee dormitory unit. An inspection of bathing facilities revealed that they are clean and sanitary. A review of daily temperature logs at the point of use revealed that temperatures are maintained between 100 and 120 degrees Fahrenheit.		
<ol> <li>Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.</li> </ol>	$\boxtimes$					
<ul> <li>9. Detainees are provided clean clothing, linen and towels.</li> <li>Socks and undergarments - daily.</li> <li>Outer garments - twice weekly.</li> <li>Sheets - weekly.</li> <li>Towels - weekly.</li> <li>Pillowcases - weekly.</li> </ul>	$\boxtimes$			Detainees are provided laundry services twice a week for underwear and socks and once a week for uniforms. Linens are exchanged weekly. Based on the number of socks and underwear which are issued, the facility complies with these requirements.		
<ol> <li>Food service detainee volunteer workers are permitted to exchange outer garments daily.</li> </ol>	$\boxtimes$			This is specifically addressed in facility policy 4.4.4, Detainee Clothing, Bedding, and Linen Supplies.		
<ol> <li>Volunteer detainee workers are permitted to exchanges of outer garments more frequently.</li> </ol>	$\boxtimes$			Volunteer detainee workers are permitted to exchange outer garments as required in facility policy 4.4.4.		
PART 4 – 23. PER	SONAL	HYGIEN	E			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		Repeat Finding		

A review of policy, interviews with detainees and staff, and observation indicates that detainees are provided adequate clothing, linens, bedding, and towels as required by the PBNDS regarding Personal Hygiene. Bathing and toilet facilities are adequate for the number of detainees housed. Detainees are provided with ample personal hygiene products.

(b)(6), (b)(7)(c) (March 10, 2011

Reviewer's Signature / Date

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PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
<ol> <li>The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.</li> </ol>	$\boxtimes$			This is addressed in local operating procedure (LOP) 1515, Suicide Prevention.		
<ol> <li>At a minimum, the Program shall include procedures to address:         <ul> <li>Intake screening and referral requirements;</li> <li>The identification and supervision of suicide-prone detainees;</li> <li>Staff training requirements;</li> <li>The management and reporting of suicidal incidents, suicide watches, and deaths;</li> <li>Provision of safe housing for suicidal detainees;</li> <li>Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;</li> <li>Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.;</li> <li>Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior.</li> </ul> </li> </ol>	$\boxtimes$			The suicide prevention program includes procedures to address intake screening and referral requirements; the identification and supervision of suicide-prone detainees; staff training requirements; the management and reporting of suicidal incidents; suicide watches and deaths; provision of safe housing for suicidal detainees; debriefing of any suicides and suicide attempts by administrative, security, and health services staff; guidelines for returning a previously suicidal detainee to general population upon the written authorization of the clinical director; reporting guidelines for facility personnel when suspected suicidal behavior is observed; and written procedures for the proper handling of detainees who exhibit suicidal behavior.		
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.				A review of training files and interviews with staff reveals that every new staff member receives suicide prevention training during employee orientation and annually thereafter.		

## 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.

ueaument.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
4. Training prepares staff to:				A review of the training syllabus for		
<ul> <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> </ul>				suicide prevention reveals that training prepares staff to identify the warning signs and symptoms of impending suicidal behavior; demographic, cultural, and		
<ul> <li>Responding to suicidal and depressed detainees,</li> <li>Effective communication between correctional and health care personnel,</li> </ul>	$\boxtimes$			precipitating factors of suicidal behavior; responding to suicidal and depressed detainees; effective		
<ul> <li>Necessary referral procedures,</li> <li>Housing observation and suicide-watch level procedures,</li> </ul>				communication between correctional and health care personnel; necessary referral procedures; housing observation		
<ul> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> </ul>				and suicide-watch level procedures; follow-up monitoring of detainees who have already attempted suicide; and reporting and written documentation procedures.		
Reporting and written documentation procedures.						
<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> </ul>	$\boxtimes$			A health care provider screens all detainees for suicide potential as part of the medical intake screening. Screening occurs within 12 hours of		
<ul> <li>Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.</li> </ul>				arrival at the facility. All screenings are conducted by a health care provider.		
<ol> <li>Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.</li> </ol>				Referring at risk detainees is addressed in LOP 1515, Suicide Prevention.		
<ol> <li>Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.</li> </ol>	$\boxtimes$			DIHS policy, Suicide Prevention Program, addresses this requirement.		
<ol> <li>The facility has a designated isolation room for evaluation and treatment.</li> </ol>	$\boxtimes$			There is a stripped, foam-padded cell available. However, detainees placed on suicide watch are under direct observation in an SMU cell.		
<ol> <li>The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.</li> </ol>				The isolation room does not contain any structures or items that could be used in a suicide attempt.		
10. Medical staff have approved the room for this purpose.	$\boxtimes$			The isolation room has been approved by medical and mental health staff.		

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	<b>V/N</b>	Remarks		
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	$\boxtimes$			Detainees on suicide watches are under constant direct observation with documentation charted at least every 15 minutes.		
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.				There is medical staff on-site 24 hours a day. All detainees on suicide watch are under constant direct observation. Medical staff documents the status of the detainee in the medical record at least every two hours, unless otherwise directed by the Clinical Director.		
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			$\boxtimes$	This is an ICE facility with 24-hour medical staff.		
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.				No suicides or serious suicide attempts have been reported at this facility. LOP 1515, Suicide Prevention, provides guidance on the mortality review process.		
PART 4 – 24. SUICIDE PREV			ERVE	INTION		
🛛 Meets Standard 🛛 Does Not Meet St	andard	□ N/A		Repeat Finding		

No suicides or serious suicide attempts have been reported at this facility. A review of policies, training files, and the training syllabus indicate that all staff receive training and have access to written procedures for preventing suicides. Observation of a detainee on a suicide watch during the time of the inspection demonstrated that practice is reflective of policy.

## 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 is not equipped or staffed to care for seriously or terminally ill detainees. If a detainee becomes seriously or terminally ill, he is transferred to a local hospital or other facility that can properly care for him.
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>	$\boxtimes$			Facility policy 4.5.11, Detainee Illness or Death, states that the next- of-kin is notified of the detainee's medical condition, location, and visiting hours and rules.
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>	$\boxtimes$			LOP 206, Advanced Directives and Living Wills, provides guidance for implementing living wills and advanced directives to include instructions for detainees who wish to initiate a living will. It also provides the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.
4.	There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$			This is addressed in LOP 206.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	$\boxtimes$			Detainees with a "Do Not Resuscitate" order receive efforts compliant with this requirement as stated in LOP 206.
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.	$\boxtimes$			Notifications are specifically addressed in LOP 206.
7.	The facility has written procedures to address the issues of organ donation by detainees.	$\boxtimes$			Organ donation is addressed in LOP 206 and facility policy 4.5.11.
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	$\boxtimes$			The procedures to notify ICE officials are outlined in facility policy 4.5.11.
9.	The facility has a policy and procedure to address the death of a detainee while in transport.	$\boxtimes$			Facility policy 4.5.11 specifically addresses the death of a detainee while in transit.

## 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	<b>N/A</b>	Remarks	
<ol> <li>At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.</li> </ol>	$\boxtimes$			Facility policy 4.5.11 provides procedures for disposition of remains.	
<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>	$\boxtimes$			These requirements are specifically addressed in facility policy 4.5.11.	
<ol> <li>An original or certified copy of a detainee's death certificate is placed in the subject's A-File.</li> </ol>	$\boxtimes$			Placing the death certificate in the A-file is required by facility policy 4.5.11.	
<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>	$\boxtimes$			Facility policy 4.5.11 provides guidance and procedures for contacting the local coroner regarding performance of an autopsy; person to perform the autopsy; obtaining state approved death certificates; and local transportation of the body.	
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	$\boxtimes$			Procedures to properly close the case of a deceased detainee are contained in facility policy 4.5.11.	
PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH					
⊠ Meets Standard					

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

The facility is not equipped or staffed to care for seriously or terminally ill detainees at this time. However, written policies are in place to address all required areas of the standard. A review of policies and interviews with staff indicates that the facility's policies and procedures concerning terminal illness, advance directives, and death are in compliance with ICE standards. No detainee deaths have occurred at this facility.

# 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.	$\boxtimes$			Facility policy 5.4.1, Detainee Correspondence, explains the procedures for correspondence and other mail. Each detainee is given a handbook during orientation that explains the correspondence rules. Also, each housing unit has a posting explaining the correspondence and mail procedures.	
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	$\boxtimes$			The facility provides information regarding mail procedures in English, Spanish, Chinese, and French.	
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$			All incoming mail is usually distributed to the detainee on the same day as arrival.	
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	$\boxtimes$			All outgoing mail is delivered to the postal service within one business day after entering into the facility's internal mail system.	
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	$\boxtimes$			The facility maintains a written and electronic log.	
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.	$\boxtimes$			The facility has a written memo from the facility administrator, dated May, 20, 2008 authorizing incoming general correspondence and other mail to be searched without the detainee present.	
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.	$\boxtimes$				
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.	$\boxtimes$				

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		
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.	$\boxtimes$			A written letter is sent to the addressee and sender by the mail room clerk.		
<ol> <li>The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.</li> </ol>	$\boxtimes$			A written notification is sent to the detainee regarding all rejections of outgoing mail.		
14. Staff maintain a written record of every item removed from detainee mail.	$\boxtimes$			The facility maintains an electronic log of all items removed from detainee mail.		
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.	$\boxtimes$					
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	$\boxtimes$					
<ol> <li>Staff provide the detainee a copy of his or her identity document(s) upon request.</li> </ol>	$\boxtimes$					
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	$\boxtimes$					
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	$\boxtimes$			All indigent detainees are allowed to mail unlimited amounts of special correspondence. Indigent detainees are also allowed to mail three one once letters per week and packages deemed necessary by ICE.		
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.	$\boxtimes$					

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
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Comboueuts Meets Standard Meets Standard Meet Standard Mee					
24. Detainees have access to outside publications.	$\boxtimes$			The facility provides two local newspapers which the detainee may purchase and mail into the facility.	
PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

The facility has a comprehensive process for ensuring all general and special correspondence is delivered to and mailed out of the facility within one business day. All rejections of incoming or outgoing correspondence are appropriately documented and the sender and addressee are notified. Indigent detainees are allowed to mail special and general correspondence in accordance with this standard.

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.						
Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:         <ul> <li>Funeral</li> <li>Deathbed</li> </ul> </li> </ol>	$\boxtimes$			The Facility Administrator/Officer in Charge in conjunction with the Field Office Director reviews and considers non-medical escorted trips on a case-by-case basis.		
<ol> <li>The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common- law spouse).</li> </ol>	$\boxtimes$					
<ol> <li>The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.</li> </ol>	$\boxtimes$					
4. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.						
<ol> <li>Detainees who require overnight housing are placed in approved IGSA facilities.</li> </ol>	$\boxtimes$					
6. Each escort detail includes at least two officers.	$\square$					
7. The detainee remains under constant, direct visual supervision of escorting staff.	$\boxtimes$					
<ol> <li>Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.</li> </ol>						
<ol> <li>Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.</li> </ol>						
<ol> <li>Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.</li> </ol>	$\boxtimes$					

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES					
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.					
Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Escort officers ensure that detainees:					
<ul> <li>Conduct themselves in a manner that does not bring discredit to ICE/DRO.</li> </ul>					
<ul> <li>Do not violate federal, state, or local laws.</li> </ul>					
<ul> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants.</li> </ul>					
<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.	$\boxtimes$				
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	$\boxtimes$				
14. The Field Office Director is the approving official for all non-medical escorted trips.	$\boxtimes$				
15. Facility procedures comply with the following ICE Standards:					
<ul> <li>Transportation (Land Transportation</li> </ul>	$\boxtimes$				
Restraints applied strictly in accordance with the Use of Force Standard.					
PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDIC/	AL EM	ERGENCIES	
⊠ Meets Standard    □ Does Not Meet Standard    □ N/A      □ Repeat Finding					

The Officer in Charge, in coordination the ICE Field Office Director, considers and approves trips to the community for ICE detainees. There were no documented non-medical emergency escorted trips within the past 12 months.

(b)(6), (b)(7)(c) / <u>March 10, 2011</u> Reviewer's Signature / Date

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PART 5 – 28. MARRIAGE REQUESTS					
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	$\boxtimes$				
<ol> <li>The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.</li> </ol>	$\boxtimes$			There have been no rejections of marriage requests during the past year. Procedures are in place to have the FOD review each marriage request and document any rejections.	
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.	$\boxtimes$				
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	$\boxtimes$				
<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>				There have been no requests denied during the past year. The IEA stated that should a marriage request be denied, the detainee would be provided the instructions on how to file an appeal.	
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	$\boxtimes$			The wedding ceremony is held in the facility's courtroom on a Saturday or Sunday.	
8. The detainee handbook explains the marriage request process.	$\boxtimes$				
<ol> <li>In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.</li> </ol>	$\boxtimes$				
PART 5 – 28. MAR	RIAGE	REQUES	TS		
⊠ Meets Standard					

During the past year, approximately eight marriages have been conducted at this facility. The detainee and intended spouse can set the time for the marriage ceremony which must occur on Saturday or Sunday in the facility's courtroom. No marriage requests have been denied during the past year.

PART 5 - 29. RECREATION						
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.						
$\boxtimes$ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. The Facility provides:						
An indoor recreation program.	$\boxtimes$					
An outdoor recreation program.						
<ol> <li>A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.</li> </ol>						
<ol> <li>Regular maintenance keeps recreational facilities and equipment in good condition.</li> </ol>	$\boxtimes$					
<ol> <li>The recreational specialist or trained equivalent supervises detainee recreation workers.</li> </ol>				(b)(7)efull-time officers are assigned to monitor recreation workers.		
<ol> <li>The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.</li> </ol>	$\boxtimes$					
<ol> <li>Dayrooms offer sedentary activities, e.g., board games, cards, television.</li> </ol>	$\boxtimes$					
<ol> <li>Outside activities are restricted to limited-contact sports.</li> </ol>						
<ol> <li>Each detainee has the opportunity to participate in daily recreation.</li> </ol>				Detainees have access to outdoor recreation seven days a week for up to eight hours a day.		
<ol> <li>Detainees have access to recreation activities outside the housing units for at least one hour daily.</li> </ol>	$\boxtimes$					
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.	$\boxtimes$			The recreation areas are checked at each shift change.		
12. Recreation areas are under constant staff supervision.	$\boxtimes$			Outdoor recreation is monitored by the housing unit officer and a video camera.		
13. Supervising staff are equipped with radios.	$\boxtimes$					
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.		$\boxtimes$		Outdoor recreation is not available for detainees in SMU. They are provided indoor recreation. The recreation yard does not meet the ICE NDS for Recreation. The recreation areas have concrete walls and ceiling with vented windows.		
<ol> <li>Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.</li> </ol>	$\boxtimes$					

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PART 5 - 29. RECREATION				
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.	ccess t	o recreatio	nal an	d exercise programs and activities,
$\square$ If outdoor recreation is offered check this box. Iter	ms 19-2	07 should	then	he marked "Ν/Δ".
Components	Meets Standard	Does Not Meet Standard	VIN	Remarks
<ol> <li>Special programs or religious activities are available to detainees.</li> </ol>	$\boxtimes$			
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	$\boxtimes$			
<ol> <li>Visitors, relatives or friends of detainees are not allowed to serve as volunteers.</li> </ol>	$\boxtimes$			There have been no requests from visitors, relatives, or friends of detainees to be allowed to serve as volunteers during the past year.
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			$\boxtimes$	Outdoor recreation is available for each housing unit.
20. If yes, written procedures ensure timely review of all eligible detainees.			$\boxtimes$	Outdoor recreation is available for each housing unit.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			$\boxtimes$	Outdoor recreation is available for each housing unit.
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.			$\boxtimes$	Outdoor recreation is available for each housing unit.
<ol> <li>The detainee's written decision for or against an offered transfer documented in his or her A-file.</li> </ol>			$\boxtimes$	Outdoor recreation is available for each housing unit.
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			$\boxtimes$	Outdoor recreation is available for each housing unit.
<ol> <li>If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.</li> </ol>			$\boxtimes$	Outdoor recreation is available for each housing unit.
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			$\boxtimes$	Outdoor recreation is available for each housing unit.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			$\boxtimes$	Outdoor recreation is available for each housing unit.
PART 5 - 29.	RECRE	ATION		
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding				

Outdoor recreation is available for each of the housing units with one exception. It is not available for detainees in SMU. A recreation yard is provided for the SMU, but it does not meet the NDS for outside recreation. The SMU recreation area has four brick walls with no access to sunlight in the ceiling. The exterior wall has a window area with a stainless steel security screen covering. This allows fresh air to ventilate the recreational area, but limits the accessibility to natural light. This area would be considered more of as an indoor gym.

The recreational department provides on-going programs in the gym for detainees, to include: music and art classes; religious services for Sikh, Jewish, Catholic, Protestant, and Jehovah Witness. Bible Study, a Spanish Catholic Mass, and Muslim instruction are also provided.

PART 5 – 30. RELIGIOUS PRACTICES						
opportunities to participate in the practices of their respec	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	<b>V/N</b>	Remarks		
<ol> <li>Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.</li> </ol>						
<ol> <li>Space is available for detainees to participate in religious services.</li> </ol>	$\boxtimes$			Detainees are able to participate in religious programs conducted in the gym.		
<ul> <li>3. The facility allows detainees to observe the major "holy days" of their religious faith.</li> <li>List any exceptions.</li> </ul>	$\boxtimes$					
<ul> <li>4. The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions.</li> <li>Honoring fasting requirements.</li> <li>Facilitating religious services.</li> <li>Allowing activity restrictions.</li> </ul>						
5. Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	$\boxtimes$			Detainees are allowed to maintain one religious book, rosary, prayer rug, or cross with the Chaplain's approval.		
6. Volunteer's credentials are checked and verified before allowing participation in detainee programs.						
<ol> <li>Members of faiths not represented by clergy may request to present their own services within security allowances.</li> </ol>	$\boxtimes$					
<ol> <li>Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.</li> </ol>				The Chaplain makes rounds in the SMU on a weekly basis. One-on- one religious services are provided through the utilization of the detainee request form. Detainees housed in Administrative Housing can participate in religious programs conducted in the gym.		
RELIGIOUS	PRACT	TICES				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I		☐Repeat Finding		

The Religious Services Department provides volunteers for Protestant, Catholic, Catholic Spanish, Jehovah Witness, Jewish, and Muslim services. Additional classes including Alcoholics Anonymous, art, and the Volunteer Lawyer's Project are provided by the Religious Department.

	PART 5 – 31. TEL	EPHON	IE ACCES	S		
	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.				The facility allows detainees access to telephones from 7:00 a.m. to 11:20 p m., daily. A TTY device is maintained in the processing area for use when requested by a detainee.	
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	$\boxtimes$			The detainees are given a handbook during orientation explaining the facility telephone access policy.	
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.				All access rules and updated consulate numbers are posted in all housing units.	
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	$\boxtimes$			The facility provides information regarding telephones in English, Spanish, Chinese, and French.	
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	$\boxtimes$			The facility provides four telephones in all general housing units, which meet the ratio of one telephone per 25 detainees.	
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				Telephones are inspected daily on each shift and the findings are documented in the housing unit log.	
8.	Telephones are located a reasonable distance from televisions.	$\boxtimes$			The telephones are located in an area of the dayroom, which allows the detainee to better hear during his telephone conversation.	
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	$\boxtimes$			The facility reports telephone outages to Talton Communications. The phone system also allows detainees to report problems with the phones.	
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.					
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	$\boxtimes$			Detainees are taken to the Processing Center to make legal calls, which provides a reasonable degree of privacy.	

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		
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$			Facility policy 5.4.3, Detainee Telephone Access, explains procedures to assist a detainee having trouble placing a confidential call.		
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	$\bowtie$					
14.	Special Access calls are at no charge to the detainees.	$\boxtimes$					
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			$\boxtimes$	The facility fully meets the requirement of this standard.		
	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	$\boxtimes$					
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	$\boxtimes$					
18.	All telephone restrictions are documented.	$\boxtimes$					
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	$\boxtimes$			The facility has a format for receiving emergency phones calls, which are verified prior to notifying the detainee.		
20.	Phone call messages are given to detainees as soon as possible.	$\boxtimes$					
21.	Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$			Detainees are taken to the recreation area to return emergency phone calls.		
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	$\boxtimes$					
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	$\boxtimes$					
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	$\bowtie$					
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	$\boxtimes$					

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	Remarks	
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.					
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.				The OIG number was tested in C unit and found to be working appropriately.	
<ol> <li>The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis</li> </ol>					
PART 5 – 31. TELEPHONE ACCESS					
⊠ Meets Standard   □ Does Not Meet Standard   □ N/A     □ Repeat Finding					

Detainees entering this facility are given a personal identification number (PIN) during orientation which allows them access to the telephone system. Detainees using the Talton Communications phone system for the first time are allowed to place up to three free calls while setting up their accounts. Detainee family members have the option of placing money in a detainee's account by using a kiosk located in the lobby or with a credit card via the facility website. The detainee also has the option of adding or deleting phone numbers while using the in-house phone system. The facility ensures that all emergency calls are verified and given to the detainee immediately. The detainee is then allowed to make an emergency phone call, as appropriate.

Th	PART 5 – 32. VISITATION This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the							
	community, legal representatives, and consular officials, within the constraints of safety, security, and good order.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	There is a written visitation procedure, schedule, and hours for general visitation.	$\boxtimes$			Facility policy 5.4.4, Detainee Visitation, explains the visiting procedure. The procedure includes the visiting schedule and hours for general visitation.			
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	$\boxtimes$			The facility visitation hours are Monday - Friday: 9:00 a.m. to 11:00 a.m.; 1:00 p.m. to 3:00 p.m.; and 6:00 p.m. to 8:00 p.m. Other visitation times are Saturday - Sunday: 9:00 a.m. to 11:00 a m.; and 1:00 p.m. to 3:00 p.m. Detainees are allowed to visit up to 60 minutes.			
3.	The visitation schedule and rules are available to the public.	$\boxtimes$			The visitation rules are located in the lobby area and are also on the facility website.			
4.	The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$						
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	$\boxtimes$						
6.	A general visitation log is maintained.	$\boxtimes$						
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	$\boxtimes$						
8.	A visitor dress code is available to the public.	$\boxtimes$			The visitor dress code is available on the facility website.			
9.	Visitors are searched and identified according to standard requirements.	$\boxtimes$						
10.	The requirement on visitation by minors is complied with.	$\boxtimes$						
	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			$\boxtimes$	The facility allows minors to visit.			
	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 allows minors to visit.			
	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.				The facility has denied no visitors within the last 12 months. However, denials will be documented.			
14.	Detainees in special housing are afforded visitation.	$\boxtimes$						

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		
15. Legal visitation is available seven (7) days a week, including holidays.				The facility allows legal visits seven days a week, including holidays. Legal visits don't have to be scheduled.		
16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.						
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				The detainee is be given a meal upon completion of the visit.		
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	$\boxtimes$					
19. There are written procedures governing detainee searches.	$\boxtimes$			Facility policy 3.1.18, Searches, addresses this requirement.		
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.	$\boxtimes$			The current list of pro bono legal organizations is posted in all detainee housing areas.		
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.				Requests for facility tours are submitted to the facility administrator. The request is then sent via the FOD to ICE headquarters for approval.		
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	$\boxtimes$					
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.						
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	$\boxtimes$					
PART 5 – 32	. VISIT/	ATION				
⊠ Meets Standard						

The facility has scheduled hours of visitation for all detainees consistent with the PBNDS. Detainees are given a handbook upon admission which explains the facility rules for visitation. All general visits are non-contact. The visiting area affords adequate space for the average daily population's scheduled visits. The facility has also developed procedures for legal, law enforcement, NGO, and former detainees or aliens in proceedings, requesting to visit with a detainee.

	PART 5 – 33. VOLUNTARY WORK PROGRAM					
nu leg (O	This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.					
	Check here if ICE detainees are not authorized to w nd move to next section.	ork at t	he IGSA fa	acility	. Mark NA on Form G-324A, page	
	Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	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.	$\boxtimes$			Level (7) details outside the facility as long as it is within the secure perimeter. This facility does not allow Level (7) detainees to work 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> </ul>	$\boxtimes$				
	Staff follow written procedures.					
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.	$\boxtimes$			Detainee work hours do not exceed eight hours a day or forty hours a week.	
7.	Detainee volunteers ordinarily work according to a fixed schedule.	$\boxtimes$				
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	$\boxtimes$			A copy of the incident report is placed in the detainee's detention file if a detainee is removed from a work detail.	
	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	$\boxtimes$				
	<ul> <li>The voluntary work program meets:</li> <li>OSHA standards</li> <li>NFPA standards</li> <li>ACA standards</li> </ul>	$\boxtimes$				
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>	$\boxtimes$			Written procedures stipulate medical staff will certify that detainees are qualified to work in the Food Service Department prior to assignment.	

PART 5 – 33. VOLUNTARY WORK PROGRAM					
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.					
Comboueuts Standard Meets Standard N/A N/A N/A Standard Standard N/A					
12. Detainees receive safety equipment/ training sufficient for the assignment	$\boxtimes$				
13. Proper procedure is followed when an ICE detainee is injured on the job.					
PART 5 – 33. VOLUNTARY WORK PROGRAM					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

The facility has an effective Voluntary Work Program that enables detainees to work in the kitchen, recreation, laundry, processing area, housing units, hallways for custodial duties, ground maintenance or the library. The facility pays detainees one dollar per day.

# 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						
materials that describe such procedures, grievance system	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.					
Compo	nents	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>The facility has a detainee receives a copy of the lo National Detainee Handbo</li> </ol>	cal handbook and the ICE	$\boxtimes$			Detainees receive a copy of the facility and ICE National Detainee Handbook during in-processing.	
<ol> <li>The detainee handbook translated into Spanish, an by significant numbers of</li> </ol>	nd other languages spoken		$\boxtimes$		The English version of the facility handbook was revised in November 2010 and the Spanish version is currently being updated. The Spanish current version of the handbook in use dated February 2009 does not contain complete accurate information.	
3. A procedure for requestinessential communication		$\boxtimes$				
<ol> <li>Orientation materials are cannot read, or they are audio or video recordings.</li> </ol>	provided the material via	$\boxtimes$				
5. The handbook suppleme video where one is provide		$\boxtimes$			The orientation video is currently in the process of being updated.	
<ol> <li>The handbook is revised a procedures in place for ir any revisions to staff and</li> </ol>	mmediately communicating	$\boxtimes$				
7. There is an annual revie designated committee or s		$\boxtimes$			The IEA supervisor drafts a request to all staff to identify any changes that need to be incorporated into the handbook. The supervisor then compiles all changes and sends them to the department heads for review. The final draft is sent to the AFOD for approval.	
detainee.	ddress the following issues: itted to be retained by the es, bedding and personal					
<ol> <li>The detainee handbook st detainee responsibilities.</li> </ol>	ates in clear language basic	$\boxtimes$				
10. The handbook clearly classification of detainees explains the classification	s, explains each level, and	$\boxtimes$				

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	<b>V/N</b>	Remarks	
11. The handbook states when a medical examination will be conducted.	$\boxtimes$			It indicates a medical examination will be conducted within 14 days of the detainees' arrival.	
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	$\boxtimes$				
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.	$\boxtimes$			The handbook states disposable razors can be obtained on a check- out basis daily between 8:30 a m. and 9:30 a m. Detainees attending court will be afforded the opportunity to shave before reporting to court.	
15. The handbook describes barber hours and hair cutting restrictions.	$\boxtimes$				
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	$\boxtimes$				
17. The handbook addresses religious programming.	$\boxtimes$				
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.	$\boxtimes$			The voluntary work program offers jobs in the kitchen, recreation, laundry, intake processing, housing units, custodial duties, grounds maintenance, and the library.	
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	$\boxtimes$				
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	$\boxtimes$				
22. The handbook/supplement provides local ICE contact information.	$\boxtimes$			The handbook indicates detainees can contact ICE by submitting a request form.	

PART 6 - 34. DETAINEE HANDBOOK						
materials that describe such matters as the facility's ruprocedures, grievance system, services, programs, and me	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		
23. The handbook describes the facility contraband policy.	$\boxtimes$					
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	$\boxtimes$					
25. The handbook describes the correspondence policy and procedures.	$\boxtimes$					
26. The handbook describes the detainee disciplinary policy and procedures, including:						
<ul> <li>Prohibited acts and severity scale sanctions.</li> </ul>	$\boxtimes$					
Time limits in the Disciplinary Process.						
Summary of Disciplinary Process.						
<ul> <li>27. The grievance section of the handbook explains all steps in the grievance process – Including:</li> <li>Informal (if used) and formal grievance</li> </ul>						
procedures;						
<ul> <li>The appeals process;</li> <li>In CDFs procedures for filing an appeal of a grievance with ICE.</li> </ul>	$\boxtimes$					
<ul> <li>Staff/detainee availability to help during the grievance process.</li> </ul>						
<ul> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> </ul>						
How to file a complaint about officer misconduct with the Department of Homeland Security.						
28. The handbook describes the medical sick call procedures for general population and segregation.				The handbook indicates sick call sign up is available 24 hours a day in the housing unit by dropping a sick call request slip in the drop box in the housing unit. Sick call slips are picked up daily, triaged, and the detainee is seen on the next business day. Emergency care is always available. Health Services staff visit detainees housed in the SMU at least once daily.		
<ul> <li>29. The handbook describes the facility recreation policy including:</li> <li>Outdoor recreation hours.</li> </ul>						
Outdoor recreation hours.     Indoor recreation hours.	$\boxtimes$					
Indoor recreation nours.     In dorm leisure activities.	-					
Rules for television viewing.						

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

PART 6 - 34. [	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		
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.						
31. The handbook specifies the rights and responsibilities of all detainees.				The rights and responsibilities of all detainees are explained in the handbook.		
<ol> <li>Detainees are required to sign for the handbook to ensure accountability.</li> </ol>	$\boxtimes$			Detainees sign for the handbook during in-processing.		
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.						
PART 6 - 34. DETAINEE HANDBOOK						
Meets Standard Does Not Meet Standard N/A Repeat Finding						

The English version of detainee handbook was revised in November 2010 and the Spanish version dated February 2009 is currently being updated. It does not contain accurate information. The facility's detainee handbook is also available in Chinese.

	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.	$\boxtimes$				
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).				A copy of the detainee handbook is provided during in-processing.	
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</li> </ul>					
	<ul> <li>procedures;</li> <li>Staff/detainee availability to help during the grievance process</li> </ul>					
	Guarantee against staff retaliation for filing/pursuing a grievance.					
	• How to file a complaint about officer misconduct with the Department of Justice.					
	How to file an emergency grievance.					
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.					
5.	Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.				Detainees may seek help from staff or other detainees when preparing a	
	• Detainees may seek help from other detainees or facility staff when preparing a grievance.	$\boxtimes$			grievance. Special assistance is provided whenever necessary to	
	<ul> <li>Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.</li> </ul>				prepare a grievance. Translation assistance via the telephone is utilized when an onsite interpreter is not available.	
	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	$\boxtimes$				
	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.					
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	$\boxtimes$				

PART 6 – 35. GRI					
This Detention Standard protects detainees' rights and ens they may file formal grievances and receive timely respon		ey are treat	ed fair	ly by providing a procedure by which	
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>	$\boxtimes$			A log is computer-generated. A hard copy of the grievance is maintained by the grievance coordinator. Nuisance complaints are not identified in the records. Staff responds to all complaints.	
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.	$\boxtimes$				
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.					
12. Informal resolution of a written grievance is documented in the detainee's Detention File.				A copy of the informal resolution of a written grievance is placed in the detainee's detention file.	
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	$\boxtimes$				
<ul> <li>14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</li> <li>In all facilities written procedures cover detainee appeals and are included in the detainee handbook</li> </ul>					
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.					
PART 6 – 35. GRI	EVANC	E SYSTE	Μ		
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □ Repeat Finding					

Most detainee concerns are taken care of and resolved at an informal level which is reflected in the minimal number of grievances filed. During the past year only three grievances have been filed.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ens	uring th	eir access	to cou	urts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>The facility provides a designated law library for detainee use.</li> </ol>	$\boxtimes$			The facility law library is located in the recreation area. The housing units also include a LexisNexis and some other library materials. The facility SMU unit has a satellite law library. Detainees housed in the SMU may also request use of the main law library.	
<ul> <li>2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.</li> <li>In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.</li> </ul>					
<ul> <li>3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:</li> <li>Operable computers and printers, in sufficient numbers in order to provide access</li> <li>Photocopiers, and</li> <li>Supplies for both.</li> </ul>	$\boxtimes$				
<ol> <li>The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.</li> </ol>				The facility law library contains a sufficient number of chairs and a large conference table. It is well lit, and is isolated from noisy areas.	
<ol> <li>The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.</li> </ol>	$\boxtimes$			The law library is equipped with two typewriters and seven computers loaded with LexisNexis. Supplies such as paper and pencils are also available for detainee use.	
6. Detainees are provided with the means to save legal work in a private electronic format for future use.	$\boxtimes$				
<ol> <li>The facility subscribes to updating services where applicable and legal materials requiring updates are current.</li> </ol>	$\boxtimes$				
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.	$\boxtimes$				

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	ins, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.</li> </ol>				The facility has a Recreation Specialist who inspects, updates, and maintains and replaces legal materials and equipment on a routine basis. The Recreation Specialist has received specialized training regarding the operation of the law library.	
10. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	$\boxtimes$				
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.	$\boxtimes$				
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$				
13. Staff 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.	$\boxtimes$			All excess legal property is maintained in a (b)(7)e (b)(7)e Detainees that have submitted a written request receive their stored legal materials within 24 hours.	
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	$\boxtimes$			Detainees housed in the SMU are allowed access to the law library upon request. The SMU also has a satellite law library on site.	
16. All denials of access to the law library fully documented.	$\boxtimes$			There have been no law library denials within the last 12 months.	
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	$\boxtimes$				
<ol> <li>Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.</li> </ol>	$\boxtimes$				

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	irts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.</li> </ol>	$\boxtimes$			Indigent detainees are allowed to mail out legal material at the facility's expense upon request.	
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
⊠ Meets Standard					

All of the LexisNexis computers are functioning properly and have been updated. The law library has sufficient equipment and supplies for use by the detainees. The facility also has LexisNexis computers in the housing units and a satellite law library in the SMU unit. The facility maintains appropriate storage space for excess legal material and allows the detainee to obtain the material upon request.

During the observation of the law library, five detainees were interviewed and stated that they had no issues or concerns.

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by en- persons and organizations for the purpose of informing the					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Check here if No Group Presentations were cone Acceptable overall and continue					
1. The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.					
<ol> <li>Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.</li> </ol>					
<ol> <li>The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.</li> </ol>				Facility policy 3.5.5, Detainee Legal Rights, explains the procedure for rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	$\boxtimes$				
<ol> <li>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.</li> </ol>				Group presentation are conducted weekly in the recreation area. The facility also shows a legal rights video on Monday, Wednesday, and Friday mornings. There was no documentation that a detainee has been denied a presentation within the last 12 months.	
<ol> <li>When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.</li> </ol>					
7. Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	$\boxtimes$				
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.					
<ol> <li>Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.</li> </ol>					
10. Staff permit presenters to distribute ICE/DRO- approved materials.	$\boxtimes$				

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Check here if No Group Presentations were conc Acceptable overall and continue of					
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.	$\boxtimes$				
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.	$\boxtimes$			An approved video on legal rights is played in the housing units on Monday, Wednesday, and Friday mornings.	
<ol> <li>A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request</li> </ol>	$\boxtimes$				
15. The facility maintains equipment for viewing approved electronically formatted presentations.	$\boxtimes$				
PART 6 - 37. LEGAL RIGHT	S GRO	UP PRESE	INTA	IONS	
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

The facility currently provides a legal rights presentation once a week in the recreation area. Detainees requesting attendance are approved. Also, the facility shows a legal rights video on Monday, Wednesday, and Friday mornings.

**Performance-Based National Detention Standards** 

## 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			
<ol> <li>A Detention File is created for every new arrival whose stay will exceed 24 hours.</li> </ol>				A detention file is created for every new arrival and stored in the processing area.			
<ol> <li>The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.</li> </ol>				A review of 25 files noted that the files contain either originals or copies of documentation and forms generated during the admissions process.			
<ul> <li>3. 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> <li>Grievances, complaints, and the disposition(s) of same</li> </ul>							
<ol> <li>The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.</li> </ol>				The detention files are located in the Intake Processing Area in a locked room. The files are maintained in a locked file cabinet. Only assigned staff and supervisors have access to the detention files.			
5. The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.							
6. The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	$\boxtimes$						
<ol> <li>Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.</li> </ol>							
<ol> <li>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.</li> </ol>							
<ol> <li>Electronic record-keeping systems and data are protected from unauthorized access.</li> </ol>	$\boxtimes$						

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		
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.	$\boxtimes$					
<ol> <li>Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.</li> </ol>	$\boxtimes$					
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	$\boxtimes$			The Intake Processing Area maintains appropriate equipment and supplies to handle the volume of work needed.		
<ol> <li>The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.</li> </ol>	$\boxtimes$					
14. Archived files are purged after (b)(7)e by shredding or burning.	$\boxtimes$			Facility detention files are shredded after (b)(7)e		
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	PART 7 – 38. DETENTION FILES					
🛛 Meets Standard 🛛 🗌 Does Not Meet St	⊠ Meets Standard    □ Does Not Meet Standard    □ N/A       □ Repeat Finding					

The facility creates a file on each new arrival and maintains those files in a secure room within a locked cabinet.

All of the detention files reviewed had appropriate documentation on file.

PART 7 - 39. NEWS MEDIA	PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS				
This Detention Standard ensures that the public and the responsibility through interviews and tours.	This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.				
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks	
1. The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.				The facility has had no requests for news media interviews or tours within the last 12 months.	
2. All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.					
3. The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.	$\boxtimes$				
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.				Facility policy 3.5.4, Detainees Access To Media, explains the process of obtaining release forms.	
<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</li> </ul>					
Office Director and facility administrator determine that the volume of interview requests warrants such action.					
<ul> <li>All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.</li> </ul>					
<ul> <li>All material generated from such a press pool is made available to all news media, without right of first publication or broadcast.</li> </ul>					
PART 7 - 39. NEWS MEDIA	INTER	VIEWS A		URS	
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I		☐Repeat Finding	

The facility has had no requests for news media interviews or tours within the last 12 months. All requests submitted are reviewed and then submitted to the ICE FOD for approval or denial.

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.</li> </ol>				Training must include staff from four entities which provide services at the facility. This includes the Valley Metro-Barbosa Group which under contract provides operates the food service program. On site health services are provided by Public Health Officers and staff from the Immigration Health Services Corps. The final staff component is comprised of onsite ICE staff. All staff, contractors, and volunteers receive the appropriate orientation, initial training and annual training.
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	$\boxtimes$			
3. At least 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.				
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.				All training plans are reviewed and approved annually by the facility administrator.
<ul> <li>5. An accurate and complete record is maintained of all formal training activities in:</li> <li>Individual training folders,</li> <li>Other training records systems, and/or</li> <li>Electronic systems.</li> </ul>				Complete records of training were reviewed in training folders for individual staff.

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by						
requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>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 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> </ul> </li> </ul>				The orientation includes all of the bulleted items listed in this component, and is provided to each new employee, contractor, and volunteer. The orientation is provided over a ten day period and is completed prior to assuming duties.		

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	<b>V/N</b>	Remarks		
<ul> <li>7. Clerical/support employees who have minimal detainee contact receive a minimum of:</li> <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>						

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

PART 7 – 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets 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>	$\boxtimes$				

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks	
<ul> <li>10. Security personnel (including contractors) will receive training on the following subjects, at a minimum:</li> <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> </ul>				Security personnel and contractors receive all the required training identified in this component during the ten days of orientation.	
<ul> <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>					
<ul> <li>11. Situation Response Teams (SRTs) receive:</li> <li>Specialized training before undertaking their assignments.</li> </ul>	$\boxtimes$				
<ul> <li>12. Facility management and supervisory staff receive:</li> <li>Management and Supervisory training</li> </ul>	$\boxtimes$			Staff receives supervisory and management training which is provided under a contract with the Leadership Training program of Dallas, Texas.	
<ol> <li>(MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.</li> </ol>	$\boxtimes$			Before being assigned to a post that requires the use of firearms, the employee must be certified by the Security Weapons and Training Institute (SWAT).	

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	$\boxtimes$			Staff is required to qualify with firearms quarterly to comply with ICE requirements. Annual firearms qualification is required to meet the State of New York's standards.	
15. (MANDATORY) 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.	$\boxtimes$			(b)(7)(E)	
<ul> <li>16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using illegal drugs.</li> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> <li>Procedures to be used to ensure compliance.</li> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> <li>Penalties for violation of the policy.</li> </ul>	$\boxtimes$				
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug- free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	$\boxtimes$			A review of numerous staff training records showed a signed acknowledgement that staff have reviewed and understand the facility's drug-free work place program. A copy of the form is also maintained in the subject's personnel file.	
<ul> <li>18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. 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>					

PART 7 – 40. STAFF TRAINING						
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	<b>N/A</b>	Remarks		
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.						
<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:</li> <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>				The Health Services Department provides training to all staff with additional on-going training to all medical staff to meet the four minute response time and recognizing the signs of emergencies, administering first aid and cardiopulmonary resuscitation, obtaining emergency medical assistance throughout the facility, recognizing the signs and symptoms of mental illness, suicide risk, retardation and chemical dependency. The facility's emergency plan provides the procedures for emergency medical care to include; the safe and secure transfer of detainees to the appropriate medical care facility.		
<ul> <li>21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:</li> <li>Understanding that sexual abuse or assault is never an acceptable consequence of detention.</li> <li>Recognizing housing or other situations where sexual abuse or assault may occur.</li> <li>Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences.</li> <li>Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.</li> </ul>						

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: <ul> <li>Identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Communication between correctional and health care personnel,</li> <li>Referral procedures,</li> <li>Housing observation and suicide-watch level procedures, and</li> <li>Follow-up monitoring of detainees who have attempted suicide.</li> </ul> </li> </ul>	$\boxtimes$			All staff are provided training on the facility's Suicide Prevention and Intervention Program during initial orientation and during annual refresher training. The training includes; warning signs and symptoms of impending suicidal behavior, demographic, cultural, and precipitating factors of suicidal behavior, responding to suicidal and depressed detainees, communications between correctional staff and health care personnel, referral procedures, housing observation and suicide- watch levels and follow-up monitoring of detainees who have attempted suicide.		
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	$\boxtimes$					
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	$\boxtimes$			The training for key and lock control is conducted on day four of orientation training and day one of annual refresher training. The training is provided by the Key Control Officer.		
<ul> <li>25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:</li> <li>The requirements of this Detention Standard</li> <li>The use of force continuum</li> <li>Communication techniques</li> <li>Cultural diversity</li> <li>Dealing with the mentally ill</li> <li>Confrontation-avoidance techniques</li> <li>Force cell-move techniques</li> <li>Communicable diseases, particularly precautions to be taken for use of force</li> <li>Application of restraints (progressive and hard)</li> <li>Reporting procedures.</li> </ul>						

PART 7 – 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	$\boxtimes$			Employees are encouraged to continue their education and professional development. Monetary reimbursement is not provided for education/professional development; however, staff schedules can be adjusted and administrative leave can be utilized.	
PART 7 – 40. STAFF TRAINING					
⊠ Meets Standard   □ Does Not Meet Standard   □ N/A     □ Repeat Finding					

Training must include staff from four entities which provide services to ICE detainees housed at this facility. This includes the food service contractor, (i.e. Valley Metro-Barbosa Group); Health Services staff including Public Health Officers and staff from the Immigration Health Services Corpts. ICE staff also have an office on site. Training for staff from ICE and the Valley Metro-Barbosa Group staff is currently provided off-site from the facility. The future plans of this facility are to provide one training office for all three agencies to utilize. The facility ensures that the orientation and annual training requirements, regardless of the staff position, are met.

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

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	A/A	Remarks		
10. For medical transfers, transporting officers receive instructions regarding medical issues.	$\boxtimes$					
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.						
12. Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$					
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.						
14. Meals are provided when transfers occur during normally schedule meal times.				Meals are provided from the facility kitchen for detainees being transported during normally scheduled meal times.		
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.						
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	$\boxtimes$					
PART 7 - 41. TRANS	FER O	F DETAIN	EES			
⊠ Meets Standard    □ Does Not Meet Standard    □ N/A      □ Repeat Finding						

Detainees being transferred from this facility are provided with a completed Detainee Transfer Form. Form G-391, Transfer Authorization Form, was contained in each detainee file transferred. The facility included a medical transfer summary and a minimum of seven days worth of prescription medications, when necessary. Transportation staff receives instructions regarding medical issues for medical transfers and meals if the transfer was during scheduled meal times.