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



### ICE Detention Standards Review Worksheet

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Local Jail – IGSA State Facility – IGSA ICE Contract Detention Facility

Name	
Caldwell County Detention Center	
Address (Street and Name)	_
280 West Main Street	
City, State and Zip Code	_
Kingston, Missouri 64650	
County	
Caldwell	
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)	_
(b)(6), (b)(7)(c) Jail Administrator	
Name of Lead Compliance Inspector	
(b)(6), (b)(7)(c) Lead Compliance Inspector	
Date[s] of Review	
From May 3 to May 5, 2011	
Type of Review	_
☐ Headquarters ☐ Operational ☐ Special Assessment ☐ Other	

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**NOTE:** FOR EACH STANDARD RATED <u>BELOW</u> ACCEPTABLE, FACILITIES <u>MUST</u> ATTACH A PLAN OF ACTION FOR BRINGING OPERATIONS INTO COMPLIANCE. EACH FACILITY SHOULD EXAMINE THE ENTIRE WORKSHEET TO IDENTIFY AREAS OF IMPROVEMENT, <u>INCLUDING</u> THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

# SECTION I DETAINEE SERVICES STANDARDS

#### ACCESS TO LEGAL MATERIALS

**POLICY:** FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	$\boxtimes$			
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.	$\boxtimes$			The facility uses LexisNexis to provide Attachment A materials. Therefore, there is no requirement to post the listings of materials.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.				
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	$\boxtimes$			The law library is equipped with two computers and supplies are provided upon request.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	$\boxtimes$			
Where provided, the Lexus Nexus library is updated and is current.				The LexisNexis Electronic Law Library was updated on 04-06-11.
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 ICE prior to inclusion.				If the facility receives a request to submit published legal materials to the legal library from any person or organization, ICE approval will be requested prior to inclusion.
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	$\boxtimes$			The facility has designated an employee to maintain the legal library.
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.	×			Policy P1-1.A, Law Libraries and Legal Material, states each detainee shall be permitted to use the law library for five hours per week. Detainees are not required to forego recreation time in lieu of library usage. If confirmed, detainees facing a court deadline are given priority use of the law library
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	$\boxtimes$			Detainee requests for legal materials not available in the library are forwarded to ICE. ICE complies with the request in a timely manner.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$			
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.				
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.				Facility policy clearly states detainees are permitted to retain all personal legal material upon admittance to the general population and special management unit (SMU).
Detainees housed in Administrative Detention 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.				Facility policy states detainees housed in Administrative or Disciplinary Segregation units shall have the same access to the law library as the general population.

ACCESS TO LI	EGAL N	1ATER	IALS	
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DE FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THI				
COMPONENTS	YES	No	NA	REMARKS
All denials of access to the law library fully documented.				To date, no ICE detainee has been denied access to the law library. Only with documented justification would a detainee be denied access to the law library.
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.				To date, no ICE detainee or group has been denied access to the law library. If this were to occur, ICE management would be promptly informed.
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	$\boxtimes$			Policy P1-1.A, Law Libraries and Legal Material, addresses this component.
		AT-RI	SK	REPEAT FINDING
REMARKS:  A review of policy and procedures, on-site observations and staff law library and provides legal materials, equipment, document-complete (b)(6), (b)(7)(c)  May (AUDITOR'S SIGNATURE / I (b)(6), (b)(7)(c)				

#### ADMISSION AND RELEASE

**POLICY:** ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				In-processing includes a verbal orientation that consists of informing the detainee that Detainee Handbook will answer any question he may have. The section of the component that requires the following topics to be included in the detainee orientation is specific to SPCs or CDFs: Unacceptable activities and behavior and corresponding sanctions; how to contact ICE; the availability of pro bono legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; and sick call procedures. The inprocessing orientation does not include any of the listed topics. Every ICE detainee is provided with a handbook.
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.				
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				Every ICE detainee is classified by ICE staff prior to placement in this facility. When available, criminal history is included. Facility staff includes ICE's criminal history information to complete their own classification process.
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	$\boxtimes$			
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.				Detainees are only strip searched with written justification and approval from the Jail Administrator.
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.				
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.				During the admission process all detainees receive personal hygiene items without cost. To replenish hygiene items, the detainees must purchase them at their own expense, unless they are indigent.

ADMISSIO	N AND	RELEA	ASE	
POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE:	MEDICA	AL SCRE	ENING;	A FILE-BASED ASSESSMENT AND CLASSIFICATION
PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGING. NECESSARY.	NGS, WH	ICH WILI	LBE INV	ENTORIED, DOCUMENTED, AND SAFEGUARDED AS
COMPONENTS	YES	No	NA	REMARKS
All releases are properly coordinated with ICE using a Form I-203.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility properly coordinates all releases with ICE using the Form I-203
Staff completes paperwork/forms for release as required.				
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

Staff interviews, on-site observations and a review of policy and procedures confirm facility is in compliance with the ICE standard. All detainees are admitted and released in a manner that ensures their health, safety and welfare. The admission process includes: medical screening; classification; a body search; and a search of personal belongings. Personal belongings are inventoried, documented and safeguarded as necessary.

(b)(6), (b)(7)(c) / May AUDITOR'S SIGNATURE /	(b)(6), (b)(7)(c)
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#### **CLASSIFICATION SYSTEM**

**POLICY:** ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.				Policy P1-3.A, Classification System, describes an Objective Classification System used at this facility.
<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival;</li> <li>Separating from the general population those individuals who cannot be classified upon arrival; and</li> <li>The first-line supervisor or designated classification specialist reviewing every classification decision.</li> </ul>	$\boxtimes$			
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	$\boxtimes$			
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.				Facility policy is specific in the requirement that housing assignments must be based upon classification level.
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	$\boxtimes$			
Detainee work assignments are based upon classification designations.				ICE detainees are not eligible for work assignments.
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	$\boxtimes$			
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				The portion of this component that states that a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal is specific to SPCs and CDFs. Only the Jail Administrator has the authority to reduce a classification-level on appeal. The classification appeal process is addressed in the detainee handbook.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.				This component is only applicable for SPCs and CDFs. Classification appeals are resolved within five days and detainees are notified of outcome promptly.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				This component is only applicable for SPCs and CDFs. Classification designations may be appealed to the Jail Administrator.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	$\boxtimes$			
<b>△</b> ACCEPTABLE ☐ DEFICIENT	REPEAT FINDING			

#### **REMARKS:**

Even though every ICE detainee admitted to the facility has been classified by ICE staff prior to arrival, the facility utilizes the classification information provided by ICE and detainee interviews to classify every detainee. Based on a review of policy and procedures, on-site observations and staff interviews, it is apparent the facility's classification system ensures ICE detainees are classified appropriately and housing assignments are based on their classification level.

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Auditor's Signature / Da

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

#### CORRESPONDENCE AND OTHER MAIL

**POLICY:** ALL FACILITIES WILL ENSURE THAT DETAINES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.

	1	T DELITE	T	I CONTROL OF THE MAIL.
COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.				The portion of this component requiring correspondence rules to be posted in the housing unit or common area is specific to SPCs and CDFs. The facility provides each detainee with a copy of the detainee handbook in English or Spanish upon arrival and it addresses the rules for correspondence and other mail. This same information is posted in all common areas within the housing units.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.				
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	$\boxtimes$			
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.				The facility has written documentation, authorized by the Jail Administrator in the detainee handbook, which states all incoming and outgoing general mail will be opened, skimmed, and inspected for the safety and security of the facility.
Staff does not read incoming general correspondence without the Warden's prior written approval.				This component is only applicable for SPCs and CDFs. Staff has the Jail Administrator's prior written approval to read incoming general correspondence.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				
Staff is prohibited from reading or copying incoming special correspondence.				
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				The requirement for the detainee to be present in only required at an SPC or CDF. All outgoing general correspondence is authorized by the Administrator to be checked and is inspected for contraband without the detainee present.
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.				
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.				The requirement for the official authorizing the rejection of incoming mail to send written notice to the sender is specific to SPCs and CDFs. The facility sends written notice to both the sender and the addressee of any rejected incoming mail, as well as placed a copy of the notice in the ICE detainee's file.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.				-

CORRESP	ONDENC	EAND	THER	MAII.

**POLICY:** ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.

COMPONENTS	YES	No	NA	REMARKS
Staff maintains a written record of every item removed from detainee mail.				The facility completes a Notification of Rejected Mail form on all items removed from ICE detainee mail.
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.				
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.				
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.				
Staff provides the detainee a copy of his/her identity document(s) upon request.				
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.				
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.				
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.				
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.				The facility provides writing paper, envelopes and pencils at no cost to the ICE detainees upon request.
□ ACCEPTABLE □ DEFICIENT	AT-RISK			REPEAT FINDING

#### REMARKS:

A review of Policy P1-4.A (entitled Correspondence and Other Mail), on-site observations and staff interviews reveals the facility has a program in place which ensures ICE detainees are able to send and receive correspondence in a timely manner. The facility uses the detainee handbook, which is written in English and Spanish, to disseminate information to the ICE detainee population regarding how to send and receive correspondence.

(b)(6), (b)(7)(c) / May 5, AUDITOR'S SIGNATURE (b)(6), (b)(7)(c)

#### **DETAINEE HANDBOOK**

**POLICY:** EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.

COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).				The detainee handbook is written in English and the next most-prevalent language, which is Spanish.
The handbook is supplemented by the facility orientation video, where one is provided.				The facility does not provide an orientation video.
All staff members receive a handbook and training regarding the handbook contents.				
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	$\boxtimes$			
There an annual review of the handbook by a designated committee or staff member.				
The detainee handbook addresses the following issues:  • Personal Items permitted to be retained by the detainee; and • Initial issue of clothes, bedding and personal hygiene items.	$\boxtimes$			
The detainee handbook states in clear language the basic detainee responsibilities.				
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	$\boxtimes$			
The handbook states when a medical examination will be conducted.	$\boxtimes$			The detainee handbook states there will be a physical examination completed within 14 days of arrival.
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.				
The handbook describes official count times and count procedures; meal times and 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.				
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	$\boxtimes$			The detainee handbook states razors will be given out daily at the 7 AM count and picked up at 8 AM. Additionally, special arrangements will be made for detainees needing a razor to prepare for court proceedings.
The handbook describes barber hours and hair cutting restrictions.				
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	$\boxtimes$			
The handbook addresses religious programming.	$\boxtimes$			
The handbook states times and procedures for commissary or vending machine usage, where available.				
The handbook describes the detainee voluntary work program.			$\boxtimes$	The facility does not have a detainee voluntary work program.
The handbook describes the library location and hours of operation, and law library procedures and schedules.	$\boxtimes$			

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POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HA	ANDBOO	K TO SEI	RVE AS A	AN OVERVIEW OF, AND GUIDE TO, THE DETENTION
POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY.	THE H.	ANDBOO	K WILL	ALSO DESCRIBE THE SERVICES, PROGRAMS, AND
OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUD			Y, ICE,	PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE
WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE			1	
COMPONENTS	YES	No	NA	REMARKS
The handbook describes attorney and regular visitation hours,			$  \Box $	
policies, and procedures.				
The handbook describes the facility contraband policy.	$\boxtimes$			
The handbook describes the facility visiting hours and schedule,				
and visiting rules and regulations.				
The handbook describes the correspondence policy and		l	l	The facility handbook describes the
procedures.			📙	correspondence policy and procedures in
				great detail.
The handbook describes the detainee disciplinary policy and				
procedures, including:		<u> </u>	l	
<ul> <li>Prohibited acts and severity scale sanctions;</li> </ul>			IШ	
<ul> <li>Time limits in the Disciplinary Process; and</li> </ul>				
<ul> <li>Summary of the Disciplinary Process.</li> </ul>				
The grievance section of the handbook explains all steps in the				
grievance process – Including:				
<ul> <li>Informal (if used) and formal grievance procedures;</li> </ul>				
<ul> <li>The appeals process;</li> </ul>				
<ul> <li><u>In CDF</u> facilities: procedures for filing an appeal of a grievance with ICE.</li> </ul>		_		
• Staff/detainee availability to help during the grievance				
process.				
<ul> <li>Guarantee against staff retaliation for filing/pursuing a</li> </ul>				
grievance.				
<ul> <li>How to file a complaint about officer misconduct with</li> </ul>				
the Department of Homeland Security.				
The detainee handbook describes the medical sick call	$\boxtimes$		Ιп	
procedures for general population and segregation.				
The handbook describes the facility recreation policy including:				The facility handbook does not have outdoor
<ul> <li>Outdoor recreation hours.</li> </ul>			l	recreation so therefore outdoor recreation
<ul> <li>Indoor recreation hours.</li> </ul>				hours are not mentioned. The detainee
				handbook does mention indoor recreation
				will be offered one hour daily.
The handbook describes the detainee dress code for daily living;	$\boxtimes$			
and work assignments.		. —		
The handbook specifies the rights and responsibilities of all	$\boxtimes$	П	П	
detainees.				
<b>◯</b> ACCEPTABLE		] AT-R	ISK	REPEAT FINDING
			-	
REMARKS:				
The Collins for 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
The facility detainee handbook is well written, concise, and easy	to unde	erstand a	ind the t	able of contents is accurate. The information
within the handbook is detailed, pertinent, and serves as an over-	view of,	and gui	de to, th	ne facility rules, policy and procedures.
(b)(6), (b)(7)(c) (May 5, 20				
$\begin{array}{c c} \textbf{AUDITOR'S SIGNATURE/D} \\ \hline                                  $				

#### FOOD SERVICE

**POLICY:** EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.				The Food Service Director (FSD) is professionally trained with a certificate of completion from ServSafe for Managers, and certified through 07-18-14. The responsibilities of the Assistant FSD and the cooks are in writing. The FSD determines the responsibilities of the food service staff.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The Assistant FSD is on duty when the food service director is off duty and vice versa.
The FSA provides food service employees with training that specifically addresses detainee-related issues.  • In ICE Facilities this includes a review of the ICE "Food Service" standard				
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.				
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 monitors the condition of knives and dining utensils.		$\boxtimes$		The section of this component requiring staff to monitor the condition of knives and dining utensils is specific to SPCs and CDFs. Staff monitors the condition of the knives and dinning utensils. Knives are not used in a secure cutting room or secured to the work stations; however, they are logged out and accounted for by the food service contract staff. There are no detainees assigned to work anywhere in the facility.
When necessary, special procedures govern the handling of food items that pose a security threat.	$\boxtimes$			
Operating procedures include daily searches (shakedowns) of detainee work areas.				There are no ICE or non-ICE detainees assigned to food service at this facility.
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				There are no ICE or non-ICE detainees assigned to food service at this facility.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.			$\boxtimes$	There are no ICE or non-ICE detainees assigned to food service at this facility.
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				There are no ICE or non-ICE detainees assigned to food service at this facility.
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.				There are no ICE or non-ICE detainees assigned to food service at this facility.
<ul> <li>During orientation and training session(s), the CS explains and demonstrates:</li> <li>Safe work practices and methods;</li> <li>Safety features of individual products/pieces of equipment; and</li> <li>Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.</li> </ul>			$\boxtimes$	There are no ICE or non-ICE detainees assigned to food service at this facility.

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**POLICY:** EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
The Cook Supervisor documents all training in individual detainee detention files.			$\boxtimes$	There are no ICE or non-ICE detainees assigned to food service at this facility.
Detainees at 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.				The requirement for detainees to be paid in accordance with the "Voluntary Work Program" standard is specific to SPCs and CDFs. There are no ICE or non-ICE detainee workers at this facility.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	$\boxtimes$			ICE detainees are served two hot meals daily. Meal service times are: breakfast at 5 AM; lunch at 11 AM; and dinner at 4 PM. This meets the 14-hour requirement between the last meal of one day and the first meal of the next day.
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			$\boxtimes$	The facility has no cafeteria-style operations. All meals are served satellite to the living units for consumption.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	$\boxtimes$			The section of this component requiring a 35-day menu cycle is specific to SPCs and CDFs. The facility has a 35-day menu cycle program.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).				
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	$\boxtimes$			
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	$\boxtimes$			
The Cook Foreman has the authority to change menu items if necessary.  • If yes, documenting each substitution, along with its justification  • With copy to FSA				The standard requires the "Cook Foreman or equivalent" as having this authority. The cooks have the authority to make changes to the menu if needed. Any changes must be documented along with its justification and emailed to the FSD, as well as the contractor's regional office.
All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$			
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$			
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line.  Changes to the planned common-fare menu can be made at the facility level;  Hot entrees are offered three times a week;  The common-fare menus satisfy nutritional recommended daily allowances (RDAs);  Staff routinely provide hot water for instant beverages and foods;  Common-fare meals are served with:  Disposable plates and utensils.  Reusable plates and utensils.  Reusable plates and utensils.				The facility food service department complies with all of the bulleted items within this component.

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**POLICY:** EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

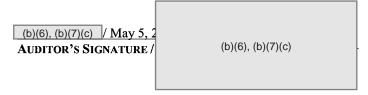
COMPONENTS	YES	No	NA	REMARKS
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	$\boxtimes$			
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.				
<ul> <li>The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> <li>Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for-Passover meals as those who do participate.</li> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>				The common-fare program addresses all of the bulleted items in this component.
The food service program addresses medical diets.			Ш	
Satellite-feeding programs follow guidelines for proper sanitation.	$\boxtimes$			
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.				The following temperatures were taken on 05-04-11 during the lunch meal tray makeup: chicken patties - 179°F; tater tots - 170°F; and corn - 180°F. All of the items checked meet the prescribed "safe" temperatures.
All meals are provided in nutritionally adequate portions.				
Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$			
<ul> <li>The food service staff instructs detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food; and</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>				There are no ICE or non-ICE detainee food service workers.
Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$			
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment.  • Who conducts the inspections?				The FSD or Assistant FSD: conducts weekly inspections of all areas of the food service department; documents the results; and conducts a follow-up inspection of deficient areas to ensure corrective action was completed.
Equipment is inspected for compliance with health and safety codes and regulations.  • When was the most recent inspection?  • Which agency conducted the inspection?				The facility food service department equipment was last inspected on 04-13-11 by Show Me Food and Nutrition Services, Inc., who is contracted by the facility.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	$\boxtimes$			

FOOD SERVICE								
<b>POLICY:</b> EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.								
COMPONENTS	YES	No	NA	REMARKS				
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.				The food service staff record dish machine temperatures after each meal and logs are kept on file. The following temperatures were taken on 05-04-11 after the lunch meal: wash temperature - 160°F; and final rinse - 184°F. These meet the industry standard.				
Staff documents the results of every refrigerator/freezer temperature check.				The food service department walk-in refrigerator and freezer temperatures were taken 05-03-11 and were 38°F and 0°F, respectively.				
The cleaning schedule for each food service area is conspicuously posted.	$\boxtimes$							
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$							
Storage areas are locked when not in use.	$\square$							
ACCEPTABLE DEFICIENT		] AT-R	lisk	REPEAT FINDING				
REMARKS:  The food service department is contracted with CBM Corporation, and the operation is managed by a professionally trained FSD. A								
review of the Policy P1-6.A (entitled Food Service), staff and IC meeting the requirement to provide nutritious and appetizing me effort to ensure a high level of sanitation is obtained throughout	E detair	nee inter e detain	rviews a lee popu	and on-site observations confirm this facility is				
The food service department does not use knives in a secured cur.  There are no ICE or non-ICE detainees assigned to work anywhole.				are not cabled or secured to the work stations.				
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FUNDS AND PE				
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTR PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BARECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND ROTHER PROPERTY.  STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICI	AGGAGE EGULAR	AND OT	THER PE	RSONAL PROPERTY; THE DOCUMENTATION AND INVENTORYING OF ALL FUNDS, VALUABLES, AND
BY THE ICE FIELD OFFICE OR SUB-OFFICE	IN CON	TROL O	F THE D	ETAINEE CASE.
COMPONENTS	YES	No	NA	REMARKS
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).				
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	$\boxtimes$			
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal property inventory form that meets the ICE standard?	$\boxtimes$			The facility uses the Property Report form to itemize baggage, personal property, funds and valuables which meets the ICE standard.
Staff forwards an arriving detainee's medication to the medical staff.	$\boxtimes$			
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Audits are completed quarterly, logged, verified and stored in the file cabinet within the valuable property room.
(b)(7)e officers are present during the processing of detainee funds and valuables during in-processing to the facility (b)(7)(E) officers verify funds and valuables.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility has b)(7)(E)aff present during the processing of ICE detainee funds and valuables. (b)(7)(E)staff members verify, sign and drop the items in the lock-box.
Staff searches arriving detainees and their personal property for contraband.			$\boxtimes$	This component is only applicable for SPCs and CDFs. All arriving ICE detainees and their personal property are searched for contraband.
Staff procedures follow written policy for returning forgotten property to detainees.				
Property discrepancies are immediately reported to the CDEO or Chief of Security.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Any property discrepancies are immediately reported to the Jail Administrator.
Staff follows written procedures when returning property to detainees.	$\boxtimes$			
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	$\boxtimes$			
<ul> <li>The facility attempts to notify an out-processed detainee that he/she left property in the facility:</li> <li>By sending written notice to the detainee's last known address;</li> <li>Via certified mail; and</li> <li>The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>				This component is only applicable for SPCs and CDFs. The facility will make a phone call to the last known telephone number used by the detainee, and if there is no response, the property will be sent to ICE.
The facility disposes of abandoned property in accordance with written procedures.  • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.				The section of this component requiring written procedures for the disposal of abandoned property is specific to SPCs and CDFs. The facility complies with Policy P1-7.A, Funds and Personal Property. Any abandoned property is promptly forwarded to ICE.
ACCEPTABLE DEFICIENT		AT-D	ICIZ	DEDEAT FINDING

#### REMARKS:

A review of Policy P1-7.A (entitled Funds and Personal Property), staff interviews and on site observations confirms this facility has implemented procedures for handling ICE detainee personal property. All items received are recorded on the facility "Property Report Form" and secured in a locked area, which ensures the security and accountability of funds, valuables and baggage from the time the ICE detainee arrives through release.



#### **DETAINEE GRIEVANCE PROCEDURES**

POLICY: EVERY FACILITY WILL DEVELOP AND IMPLEMENT STANDARD OPERATING PROCEDURES (SOPS) FOR ADDRESSING DETAINEE GRIEVANCES IN TIMELY FASHION. EACH STEP IN THE PROCESS WILL OCCUR WITHIN THE PRESCRIBED TIME FRAME. AMONG OTHER THINGS, A GRIEVANCE WILL BE PROCESSED, INVESTIGATED, AND DECIDED (SUBJECT TO APPEAL) IN ACCORDANCE WITH THE SOPS; A GRIEVANCE COMMITTEE WILL CONVENE AS PROVIDED IN THE SOPS. STANDARD PROCEDURE WILL INCLUDE PROVIDING THE DETAINEE WITH A WRITTEN RESPONSE TO ANY FORMAL GRIEVANCE, WHICH WILL INCLUDE THE BASIS FOR THE DECISION. THE FACILITY WILL ALSO ESTABLISH STANDARD PROCEDURES FOR HANDLING EMERGENCY GRIEVANCES. ALL GRIEVANCES WILL RECEIVE SUPERVISORY REVIEW. REPRISAL AGAINST THE FILER OF A GRIEVANCE WILL NOT BE TOLFRATED.

COMPONENTS	YES	No	NA	REMARKS
<ul> <li>Written procedures provide for the informal resolution of oral grievances (Not mandatory).</li> <li>If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.</li> </ul>	$\boxtimes$			Policy P1-8.A, Detainee Grievance Procedures, provides for informal resolutions of oral grievances. ICE detainees have up to five days to make their concern known to staff.
<ul> <li>Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.</li> <li>Detainees may seek help from other detainees or facility staff when preparing a grievance.</li> <li>Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.</li> </ul>	$\boxtimes$			
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.				There are no documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against an ICE or non-ICE detainee who lodged a complaint.
<ul> <li>Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complaints" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>				The section of this component that requires "nuisance complaints" to be identified in the records and for staff to document nuisance complaints received but not filed is specific to SPCs and CDFs. The facility logs all grievances, to include "nuisance complaints," in the detainee grievance log in chronological order. Each has an assigned log number which matches the grievance number, and the receipt and disposition dates are noted.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$			
		AT-F	RISK	REPEAT FINDING

#### REMARKS:

A review of Policy P1-8.A (entitled Detainee Grievance Procedures), staff interviews and a review of the grievance logs determined this facility has developed and implemented standard operating procedures for addressing detainee grievances. All grievances are logged and tracked by the facility staff.

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POLICY: FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUTHORIZE PERSONS TO MAKE PRESENTATIONS TO GROUPS OF DETAINEES FOR THE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WHICH INSTRUCT DETAINEES ABOUT THE IMMIGRATION SYSTEM AND THEIR RIGHTS AND OPTIONS WITHIN IT.

COMPONENTS	YES	No	NA	REMARKS
The Field Office is responsive to requests by attorneys and				
accredited representatives for group presentations.				
Upon receipt of concurrence by the Field Office Director, the				
facility or authorized ICE Field Office ensures timely and proper				
notification to attorneys or accredited representatives.		j		
The facility follows policy and procedure when rejecting or				
requesting modifications to objectionable material provided or		İΠ		
presented by the attorney or accredited representative.				
Posters announcing presentations appear in common areas at				
least 48 hours in advance and sign-up sheets are available and				
accessible.		_	_	
Documentation is submitted and maintained when any detainee is				
denied permission to attend a presentation and the reason(s) for				
the denial.				
When the number of detainees allowed to attend a presentation is				
limited, the facility provides a sufficient number of presentations		ΙП	ΙП	
so that all detainees signed up may attend.		—	_	
Detainees in segregation, unable to attend for security reasons,				
may request separate sessions with presenters. Such requests are		🗆	ΙП	
documented.	_	-	-	
Interpreters are admitted when necessary to assist attorneys and				
other legal representatives.		∐		
Presenters are afforded a minimum of one hour to make the				
presentation and to conduct a question-and-answer session.			$  \; \sqcup \;  $	
Staff permits presenters to distribute ICE-approved materials.			П	-
Presenters are permitted to meet with small groups of detainees				
to discuss their cases after the group presentation. ICE or	I	l		
authorized detention staff is present but do not monitor		∐		
conversations with legal providers.				
Group presenters who have had their privileges suspended are	1	<u> </u>		
notified in writing by the Field Office Director or designee; and	1			
the reasons for suspension are documented. The Headquarters				
Office for Detention and Removal, Field Operations and		$\mid \; \sqcup \; \mid$	🗆	
Detention management Division, is notified when a group or				
individual is suspended from making presentations.				
The facility plays ICE-approved videotaped presentations on				
legal rights at regular opportunities, at the request of outside				
organizations.				
A copy of the Group Legal Rights Presentation policy, including	<del>                                     </del>			
attachments, is available to detainees upon request			$  \; \sqcup \;  $	
ACCEPTABLE DEFICIENT		AT-R	ICV	REPEAT FINDING

REMARKS:

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#### ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

**POLICY:** ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.

COMPONENTS	YES	No	NA	REMARKS
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.  • The supply of these items exceeds the minimum required for the number of detainees.				Policy P1-10.A, Personal Hygiene, addresses the regular issuance and exchange of clothing, bedding, linens and towels. The supply of these items more than exceeded the minimum required for the number of detainees.
<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive:</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); and</li> <li>One pair of facility-issued footwear.</li> </ul>				The bulleted items in this component are specific to SPCs and CDFs. The facility issues all new ICE detainees temperature-appropriate, presentable clothing during inprocessing. Each ICE detainee receives: two jumpsuits; two pair of socks; two pair of underwear (which are exchanged every other day); and one pair of footwear.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	$\boxtimes$			
New detainees are issued clean bedding, linens, and towels. They receive at a minimum:  One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.				The bulleted items in this component are specific to SPCs and CDFs. New ICE detainees are issued clean bedding, linens, and towels meeting the minimum ICE requirements.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.			$\boxtimes$	There are no ICE or non-ICE detainees workers at this facility.
Detainees are provided clean clothing, linen and towels.  Socks and undergarments - exchanged daily.  Outer garments - twice weekly.  Sheets - weekly.  Towels - weekly.  Pillowcases - weekly.				ICE detainees are issued clean clothing, linens and towels which meet all of the bulleted items in this component.
Food service detainee volunteer workers are permitted to exchange outer garments daily.			$\boxtimes$	This component is only applicable for SPCs and CDFs. There are no ICE or non-ICE detainee food service workers.
Volunteer detainee workers are permitted to exchange outer garments more frequently.			$\boxtimes$	This component is only applicable for SPCs and CDFs. There are no ICE or non-ICE detainee workers at this facility.
		AT-R	ISK	REPEAT FINDING

#### REMARKS:

A review of the Policy P1-10.A (entitled Personal Hygiene), staff interviews and on-site observations confirmed clean clothing, bedding, linens and towels are issued to all ICE detainees upon arrival. Procedures are in place to allow for the exchange of these items on a regular basis.

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MARRIA	GE RE	QUEST	'S	
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CAS	E-DV-CA	SE CONS	SIDED AT	YON EDOM ICE MANAGEMENT
COMPONENTS	YES	No	NA	REMARKS
The Field Office considers detainee marriage requests on a case-by-case basis.				An interview with the Deportation Officer indicates the Field Office considers all detainee marriage requests on a case-by-case basis, with most being approved.
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.				Per the Deportation Officer, all rejections are documented.
It is standard practice to require a written request for permission to marry.				Written requests for permission to marry are required from the detainee and the intended spouse.
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	$\boxtimes$			
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	$\boxtimes$			
When permission is denied, the Warden/OIC states the basis for his/her decision.	$\boxtimes$			
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.				The facility does not provide the detainee a place and time to make wedding arrangements. Per the Deportation Officer, ICE would make these arrangements.
□ ACCEPTABLE □ DEFICIENT		AT-R	lisk	REPEAT FINDING
REMARKS:  A review of Policy P1-11.A, Marriage Requests, indicates the fa	cility is	in comp	oliance v	with the NDS regarding detainee marriages. An
interview with the Jail Administrator and a review of the detainer facility. An interview with the Deportation Officer indicates may and ICE would make arrangements for the actual ceremony at an	rriage re	equests		•
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#### NON-MEDICAL EMERGENCY ESCORTED TRIPS

POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.

STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDIFIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINER	CAL EM			
COMPONENTS	YES	No	NA	REMARKS
The Field Office Director considers and approves, on a case-by- case basis, trips to an immediate family member's:  • Funeral; or  • Deathbed				REWARKS
The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family".				
The IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
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.				
Each escort includes at least (b)(7) officers.				
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.				
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.				
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.				
<ul> <li>Escort officers ensure that detainees:</li> <li>Conduct themselves in a manner that does not bring discredit to the ICE;</li> <li>Do not violate federal, state, or local laws;</li> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants;</li> <li>Make no unauthorized phone calls; and</li> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return.</li> </ul>				
Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING
REMARKS:  Interviews with ICE and facility staff confirmed all non-medical Office in control of the detainee case. A request for this type of	emerger trip has i	icy esco	rted trip	os are handled only by the ICE Field or Subed in the past 12 months.
(b)(6), (b)(7)(c) May AUDITOR'S SIGNATURE / (b)(6), (b)(7)(c)				

#### RECREATION

**POLICY:** IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.

COMPONENTS	YES	No	NA	REMARKS
The facility has a recreation program and facility.				
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				This component is only applicable for SPCs and CDFs. This facility has available bed space for 128 detainees and does not have a recreation specialist.
Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			
The recreational specialist or trained equivalent supervises detainee recreation workers.			$\boxtimes$	There are no ICE or non-ICE detainees assigned to work at this facility.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and specialneeds detainees.				
Dayrooms offer sedentary activities, e.g., board games, cards, television.	$\boxtimes$			
Outside activities are restricted to limited-contact sports.				There is no outside recreation offered at this facility.
Each detainee has the opportunity to participate in daily recreation.				
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				The facility offers all ICE detainees access to recreation activities outside the housing units for at least one hour daily, seven days a week. However, there is no outside recreation offered at this facility.
Staff checks all items for damage and condition when equipment is returned.	$\boxtimes$			
Staff conducts searches of recreation areas before and after use.	$\boxtimes$			
All recreation areas under constant staff supervision.	$\boxtimes$			
Supervising staff is equipped with radios.	$\boxtimes$			
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				There is no outside recreation offered at this facility.
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	$\boxtimes$			
Special programs or religious activities are available to detainees.	$\boxtimes$			
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.				This component is only applicable for SPCs and CDFs. All volunteers are required to sign a waiver of liability before entering the secure portion of the facility.
Visitors, relatives or friends are not allowed to serve as volunteers.				This component is only applicable for SPCs and CDFs. The facility does not allow ICE detainees visitors, relatives or friends to serve as volunteers.
☐ If outdoor recreation is offered, check this box. No furth	er info	rmation	is requ	ired when outdoor recreation is offered.
If the facility has no outside recreation, are detainees considered for transfer after six months?  • If yes, written procedures ensure timely review of all eligible detainees.	$\boxtimes$			The facility has no outside recreation. The ICE Deportation Officer assigned to this facility was interviewed and verified written procedures ensure a timely review of all ICE detainees eligible for transfer.
Case officers make written transfer recommendations about every six-month detainee to the OIC.	$\boxtimes$			

COMPONENTS	YES	No	NA	REMARKS
The OIC documents all detainee-transfer decisions, whether yes or no.				All ICE detainee transfer decisions are documented by ICE.
The detainee's written decision for or against an offered transfer documented in his/her A-file.	$\boxtimes$			
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.				
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.				The Deportation Officer will review transfe eligibility for all ICE detainees after 60 day ICE generally houses short-term ICE detainees due to the unavailability of outsid recreation.
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.	$\boxtimes$			
The detainee's legal representative is notified of the detainee's/OIC's decision.	$\boxtimes$			The Deportation Officer notifies the detainee's legal representative regarding an decision.
✓ ACCEPTABLE ☐ DEFICIENT		AT-F	RISK	REPEAT FINDING
REMARKS:  The facility does not offer outside recreation to ICE or non-ICE  The facility has developed and implemented programs which off under the security and supervision that protects their safety and by ICE. A review of the recreation logs and interviews with staff Control Center.	fer all IO welfare.	E detai Reque	sts for a	transfer to another facility would be reviewed

RELIGIO				경기 - 인도시 기업은 환경 기업을 다 없었다. 현실 (1) 경기 - 교육시간 - 상송보육의 기업을 다 되었다.
<b>POLICY:</b> FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS	WITH RE	EASONAE ETY, SEC	BLE AND URITY, <sup>*</sup>	EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE ITHE ORDERLY OPERATIONS OF THE FACILITY AND
BUDGETARY CONSIDERATIONS.				
COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed to engage in religious services.				
Space is available for detainees to conduct religious services.	$\boxtimes$			The facility conducts religious services in the inside recreation area and within the housing units.
The facility allows detainees to observe the major "holy days" of their religious faith.				
List any exceptions.		"	🖳	
The facility accommodates recognized holy-day observances by:				
<ul> <li>Providing special meals, consistent with dietary restrictions;</li> <li>Honoring fasting requirements;</li> <li>Facilitating religious services; and</li> <li>Allowing activity restrictions.</li> </ul>				This component is only applicable for SPCs and CDFs. The facility accommodates recognized holy-day observances for all of the bulleted items in this component.
Each detainee is allowed religious items in his/her immediate possession.	$\boxtimes$			
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$			
Members of faiths not represented by clergy may conduct their own services within security allowances.				
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	$\boxtimes$			The facility allows the volunteers for religious services to meet with detainees in the SMU to meet their religious needs.
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	usk	REPEAT FINDING
REMARKS:  The facility has developed and implemented a religious program which includes detainees housed in the SMU. The facility has p holy days of their religion, as well as special meals as required.	utilizin rovided	g only v	oluntee and sp	rs to meet the needs of the detainee population, ace needed to ensure detainees observe major
(b)(6), (b)(7)(c) May 5, 2( AUDITOR'S SIGNATURE / I (b)(6), (b)(7)(c)				

#### **DETAINEE TELEPHONE ACCESS** POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. COMPONENTS YES No NA REMARKS Detainees are allowed access to telephones during established $\boxtimes$ П facility waking hours. Upon admittance, detainees are made aware of the facility's The facility's telephone access policy is M П telephone access policy. explained in the detainee handbook. Visual on-site observation confirmed Access rules are posted in housing units. $\boxtimes$ telephone access rules are posted in housing The facility makes a reasonable effort to provide key information Telephone information is provided in English to detainees in languages spoken by any significant portion of $\boxtimes$ $\Box$ and Spanish. the facility's population. Telephones are provided at a minimum ratio of one telephone X per 25 detainees in the facility population. Telephones are inspected regularly by facility staff to ensure that П $\boxtimes$ they are in good working order. The facility administration promptly reports out-of-order $\boxtimes$ П П telephones to the facility's telephone service provider. The facility administration monitors repair progress and takes The maintenance supervisor and the Jail appropriate measures to ensure that required repairs are begun X П Administrator monitor repairs. and completed timely. If a detainee makes a written request for a Detainees are afforded a reasonable degree of privacy for legal X П private legal phone call, staff will make phone calls. arrangements to comply with the request. If a detainee makes a written request for a A procedure exists to assist a detainee who is having trouble $\boxtimes$ confidential phone call, staff will make П placing a confidential call. arrangements to comply with the request. The facility provides the detainees with the ability to make non-X collect (special access) calls. Special Access calls are at no charge to the detainees. $\boxtimes$ The OIG phone number for reporting abuse The OIG phone number for reporting abuse is programmed into is programmed into the detainee phone the detainee phone system and the phone number was checked $\boxtimes$ system. The phone number was checked by by the inspector during the review. this inspector and contact was made with the OIG. In facilities unable to fully meet this requirement initially The OIG phone number for reporting abuse because of limitations of its telephone service, ICE makes $\boxtimes$ is programmed into the detainee phone alternate arrangements to provide required access within 24 system. hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved $\square$ "Free Legal Services List". Policy P 1-15.A, Telephone Access, states Special arrangements are made to allow detainees to speak by arrangements will be made to allow detainees telephone with an immediate family member detained in another $\boxtimes$ to speak by telephone with an immediate Facility. family member detained in another facility. To date, no ICE detainee has been placed on Any telephone restrictions are documented. $\boxtimes$ $\Box$ П telephone restriction. This type of sanction would always be documented. Policy P 1-15.A, Telephone Access, The facility has a system for taking and delivering emergency describes the procedures for taking and $\boxtimes$ П $\Box$ letainee telephone messages. delivering emergency detainee telephone messages.

DETAINEE TE	LEPH	ONE AC	CCESS	
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT I  COMPONENTS	DETAINI YES	No	SONABL NA	E AND EQUITABLE ACCESS TO TELEPHONES.  REMARKS
Emergency phone call messages are immediately given to detainees.				REMARKS
Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$			
Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	$\boxtimes$			Policy P 1-15.A, Telephone Access, includes this requirement.
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	$\boxtimes$			
Detainees in disciplinary segregation are allowed phone calls for family emergencies.	$\boxtimes$			
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	$\boxtimes$			
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				Notification of phone monitoring was not posted by detainee telephones. This discrepancy was corrected during the review.
□ ACCEPTABLE □ DEFICIENT		☐ AT-R	lisk	REPEAT FINDING
REMARKS:  Staff interviews, on-site observations and review of policy and p ICE standard. The facility provides ICE detainees with reasonal				
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#### VISITATION

POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS

MEDIA.	3,74,145,89		<u> </u>	
COMPONENTS	YES	No	NA	REMARKS
There is a written visitation schedule and hours for general visitation.	$\boxtimes$			A written schedule with hours of general visitation is found in Policy P1-16.A, Visitation, and the detainee handbook.
The visitation hours tailored to the detainee population and the demand for visitation.				
The visitation schedule and rules are available to the public.				A visitation schedule and rules are available to the public upon request.
The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$			On-site observations confirmed compliance.
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	$\boxtimes$			Upon request a written copy of the visitation rules and hours is available to visitors.
A general visitation log is maintained.	$\boxtimes$			
The detainees are permitted to retain personal property items specified in the standard.	$\boxtimes$			With prior approval from the Jail Administrator, detainees are permitted to retain personal property items.
A visitor dress code is available to the public.	$\boxtimes$			
Visitors are searched and identified according to standard requirements.	$\boxtimes$			
The requirement on visitation by minors is complied with.	$\boxtimes$			Minors are allowed to visit when accompanied by an adult.
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.				Minors are allowed to visit when accompanied by an adult.
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.			$\boxtimes$	Minors are allowed to visit when accompanied by an adult.
Detainees in special housing are afforded visitation.				Detainees in disciplinary segregation are only allowed visits with legal representatives.
Legal visitation is available seven (7) days a week, including holidays.	$\boxtimes$			
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	$\boxtimes$			
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				If the detainee decides to continue a meeting with a legal representative through a scheduled meal, the detainee will be provided a meal at the conclusion of the meeting.
Private consultation rooms are available for attorney meetings.  There is a mechanism for the detainee and his/her representative to exchange documents.				
There are written procedures governing detainee searches.				-
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.				Strip searches are not required after every contact visit with a legal representative.
Prior to each visit, legal service providers and assistants are identified per the standard.				
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.				The list of pro bono legal organizations is posted in the detainee housing units and the booking area.

VIS	ITATIO	ON		
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRI MEDIA.	ENDS, LE	GALREP	RESENT	ATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS
COMPONENTS	YES	No	NA	REMARKS
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	$\boxtimes$			
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	$\boxtimes$			
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.				The facility policy on visitation does not require referral to the ICE Field Office for approval to permit law enforcement officials to visit with a detainee. This discrepancy was corrected during the review.
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	$\boxtimes$			
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	$\boxtimes$			The requirements of this component are addressed in the facility's visitation policy.
<b>◯</b> ACCEPTABLE  □ DEFICIENT		AT-R	ISK	REPEAT FINDING
REMARKS:  A review of policy and procedures, staff interviews and on-site of family, friends, legal representatives, special interest groups and	bservati the new	ions con s media	afirmed	the facility permits detainees to visit with
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**POLICY:** IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS BASIC OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTECTIONS.

COMPONENTS	YES	No	NA	REMARKS
Does the facility have a voluntary work program?				
Do ICE detainees participate?				
Detainee housekeeping meets neatness and cleanliness standards.				
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.				
Written procedures govern selection of detainees for the Voluntary Work Program.				
Where possible, physically and mentally challenged detainees participate in the program.				
The facility complies with work-hour requirements for detainees, not exceeding:  • Eight hours a day and Forty hours a week.				
Detainee volunteers generally work according to fixed schedule.				
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.				
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before hey join the work program.				
<ul><li>Γhe voluntary work program meets:</li><li>OSHA, NFPA, ACA standards</li></ul>				
Medical staff screen and formally certify detainee food service volunteers.  Before the assignment begins; and As a matter of written procedure				
Detainees receive safety equipment/ training sufficient for the assignment.				
Proper procedure is followed when an ICE detainee is injured on the job.				
☐ ACCEPTABLE ☐ DEFICIENT		AT-F	<b>U</b> SK	REPEAT FINDING
REMARKS:  The facility does not have a voluntary work program for ICE or	non-ICI	E detain	ees.	
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# SECTION II HEALTH SERVICES STANDARDS

#### HUNGER STRIKES

**POLICY:** ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.			$\boxtimes$	This component is only applicable for SPCs and CDFs. It is standard practice to refer a detainee who has refused food for 72 hours.
CDFs and IGSAs immediately report a hunger strike to the ICE.	$\boxtimes$			Policy P2-1.A, Hunger Strike, requires the facility report a hunger strike to ICE immediately.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			Procedures to ensure staff respond immediately to a hunger strike are contained in Policy P2-1.A.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.  • If yes, in an observation room?			$\boxtimes$	This component is only applicable for SPCs and CDFs. The practice is to isolate a hunger-striking detainee in an observation room.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				This component is only applicable for SPCs and CDFs. Medical personnel are authorized to place a detainee in the SMU or in one of two locked medical rooms.
Medical staff records the weight and vital signs of a hunger- striking detainee at least once every 24 hours.				This component is only applicable for SPCs and CDFs. Policy P2-1.A requires the weight and vital signs of a hunger-striking detainee be recorded at least every 24 hours.
The OIC of the facility obtains a hunger striker's consent before nedical treatment.				Policy P2-1.A requires that a hunger striker's consent be obtained before any medical treatment.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.				This component is only applicable for SPCs and CDFs. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.
During a hunger strike, staff document and provide the hunger- striking detainee three meals a day.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy P2-1.A requires staff to document and provide the hunger-striking detainee three meals a day.
Staff maintains the hunger striker's supply of drinking water/other beverages.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy P2-1.A requires staff to maintain a hunger striker's supply of drinking water and other beverages.
During a hunger strike, staff removes all food items from the hunger striker's living area.				This component is only applicable for SPCs and CDFs. Policy P2-1.A requires staff to remove all food items from the hunger striker's cell.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.				This component is only applicable for SPCs and CDFs. At this facility, Policy P2-1.A states the Hunger Strike Monitoring Form I-839 will be used to record a hunger striker's fluid intake and food consumption.
The medical staff has written procedures for treating hunger strikers.	$\boxtimes$			Written procedures for treating hunger strikers are contained in Policy P2-1.A.

ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.					
COMPONENTS	YES	No	NA	REMARKS	
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy P2-1.A requires that staff document all treatment attempts, including attempts to persuade the hunger striker of medical risks.	
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.				A review of training records indicates all staff has received instruction in the identification of hunger strikes. The medical staff (a Licensed Practical Nurse [LPN]) is trained and current in hunger strike evaluation and treatment.	
		AT-R	ISK	REPEAT FINDING	

**HUNGER STRIKES** 

#### **REMARKS:**

No hunger strikes have been reported since the previous review. A review of policies and interviews with staff reveal that policies, procedures and training serve to provide for the identification, referral and management of hunger-striking detainees.

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#### ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.

COMPONENTS	YES	No	NA	REMARKS
<u>Facilities</u> operate a health care facility in compliance with state and local laws and guidelines.	$\boxtimes$			The professional licenses of the LPN and the contract physician are current.
The facility's in-processing procedures for arriving detainees include medical screening.				A review of 10 detainee files and observation of in-processing procedures reveals all arriving detainees receive a medical screening. The screening consists of a series of questions and is recorded in the facility's computer system.
All detainees have access to and receive medical care.	$\boxtimes$			All detainees can access medical care by submitting a medical request. Request forms are available by request from the unit officer. Urgent medical needs are met immediately. A review of logs indicates medical requests are usually answered within one business day.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				The Treatment Authorization Request (TAR) system is used to access a PHS/DIHS Managed Health Care Coordinator.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				Staffing consists of (7)(7)(1)11-time LPN and a contract physician who visits the facility once a week.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.				The medical facility consists of one room in the booking area. Two medical cells are located off this room. Detainees are afforded privacy when receiving health care.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The medical area is within the secure perimeter and access is restricted.
The medical facility entrance includes a holding/waiting room.				This component is only applicable for SPCs and CDFs. The medical area does not include a holding/waiting room. Since the medical facility is located in the booking area, detainees are brought to the booking area to await medical evaluation or treatment.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.				This component is only applicable for SPCs and CDFs. The booking area is under the direct supervision of custodial staff when detainees are awaiting medical care.
Detainees in the holding/waiting room have access to a drinking fountain.			$\boxtimes$	This component is only applicable for SPCs and CDFs. A drinking fountain is not available; however, water is available upon request.
<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; and</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				Medical records are computerized. They are password-protected with access restricted to the LPN and administrator. Copies of medical records are not placed in the detainee files.

# ACCESS TO MEDICAL CARE

**POLICY:** EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.

COMPONENTS	YES	No	NA	REMARKS
Pharmaceuticals are stored in a secure area.				This component is only applicable for SPCs and CDFs. Pharmaceuticals are stored in a locked medication cart and in a locked storage room in the medical area.
<ul> <li>Medical screening includes a Tuberculosis (TB) test.</li> <li>Every arriving detainee receives a TB test during the admission process;</li> <li>Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and</li> <li>Detainees not screened are housed separate from the general population.</li> </ul>				A review of 10 detainee medical records reveals all detainees are screened for TB during the admission process. All detainees had TB testing via purified protein derivative (PPD) testing within one business day after arrival.
<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; and</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>				The portion of this component that requires a detainee to receive a mental health screening before being assigned to a housing unit is specific to SPCs and CDFs. All arriving detainees receive a mental health screening conducted by a specially trained officer before assignment to a housing unit.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The nurse promptly reviews all I-794s and any other medical documentation that arrives with a detainee, in order to identify detainees needing medical attention.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				A review of 10 detainee medical records reveals all detainees were provided a physical examination from the contract physician within 14 days of arrival.
Detainees in the Special Management Unit have access to health care services.				Observation and review of SMU logs reveals the nurse makes rounds daily and communicates with all detainees housed in the unit.
<ul> <li>Staff provides detainees with health services (sick call) request slips daily, upon request.</li> <li>Request slips are available in 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>				The requirement for staff to provide detainees with health services (sick call) request slips daily, upon request and the request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population is specific to SPCs and CDFs. Health services request slips are available upon request in English and Spanish. The requests are delivered daily (Monday through Friday) to the nurse.
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.				Policy P2-2.B, Medical Care, provides guidance for the delivery of emergency health care when the nurse is not on duty or when immediate outside medical attention is required.

# ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINERS.

COMPONENTS	YES	No	NA	REMARKS
The plan includes an on-call provider.				This component is only applicable for SPCs and CDFs. The nurse is always on call and her telephone number and the physician's telephone number are included in the policy.
The plan includes a list of telephone numbers for local ambulance and hospital services.				This component is only applicable for SPCs and CDFs. The telephone numbers for the local ambulance and hospital services are included in Policy P2-2.B.
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				This component is only applicable for SPCs and CDFs. Procedures for staff to utilize this emergency health care consistent with security and safety are included in policy.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				Staff is trained in first aid, cardiopulmonary resuscitation (CPR) and in the use of the automated external defibrillator (AED). All areas of the facility can be reached in less than one minute.
Where staff is used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Staff is used to distribute medication when the nurse is not on duty. Review of training files indicates these officers have been properly trained.
The medical unit keeps written records of medication that is distributed.				The medical unit uses standard Medication Administration Records (MARs).
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				This component is only applicable for SPCs and CDFs. Notification regarding a detainee with special medical needs is made on the facility's computer system.
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				A general consent for medical care is completed as part of the intake process. Additionally, consent forms are used for any invasive procedure or treatment.
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				The facility uses a local form to authorize the release of confidential medical records to outside sources.
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				An interview with the nurse indicates that normally, at least 24 hours notice is given.
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				Observation reveals a medical summary, along with copies of physical examination and TB testing is available and transferred with the detainee.
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".				Observation reveals medical records are placed in a sealed envelope, labeled with the detainee's name and A-number and marked "Medical Confidential."
□ ACCEPTABLE □ DEFICIENT		AT-R	RISK	REPEAT FINDING

## REMARKS:

Interviews with staff and detainees indicated access to routine and emergency medical care is not inhibited. A review of policies and procedures indicates health care is provided in compliance with the NDS. A review of detainee medical records reveals medical and mental health screenings, TB testing, and physical examinations are conducted within the required time frames, and that care is appropriate for both acute and chronic medical conditions. Detainees with significant medical problems beyond the scope of this facility are referred to local specialists or transferred to facilities better equipped to provide the needed care.

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#### SUICIDE PREVENTION AND INTERVENTION

**POLICY:** ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.

COMPONENTS	YES	No	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	$\boxtimes$			A review of staff training files reveals new staff members receive suicide prevention training during the employee orientation program, and annually thereafter.
Training prepares staff to:  Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	$\boxtimes$			A review of the curriculum reveals training prepares staff to recognize potentially suicidal behavior, refer potentially suicidal detainees, and understand and apply suicide prevention techniques.
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.  • Screening does not occur later than one working day after the detainee's arrival.	$\boxtimes$			All arriving detainees are screened for suicide potential by a trained booking officer as part of the admission process.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	$\boxtimes$			Policy P2-3.A, Suicide Prevention and Intervention, provides guidance on how and when to refer at-risk detainees to medical staff.
The facility has a designated isolation room for evaluation and treatment.				The designated isolation room is located adjacent to the control room. The room can be viewed from the control room through a large window, and it is also monitored through video.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	$\boxtimes$			The isolation room does not contain any structures or smaller items that could be used in a suicide attempt.
Medical staff has approved the room for this purpose.				The room has been approved by medical staff for this purpose.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	$\boxtimes$			A review of files from previous suicide watches indicates staff observes and documents the status of suicide watch detainees at least once every 15 minutes.
ACCEPTABLE DEFICIENT		AT-R	RISK	REPEAT FINDING

## REMARKS:

No suicides have been reported at this facility. Interviews with staff indicate they receive training in the identification, referral, and management of suicidal detainees. A review of policies and documentation of previous suicide watches indicate that procedures are in place for the prevention of suicides.

There was one suicide attempt during the previous 12 months involving an 18-year old male non-ICE detainee. He inflicted three superficial cuts to his forearm with the metal clasp from a manila envelope. The detainee did not state any suicidal ideation, but rather simply wanted some attention and to be removed from the pod to which he was assigned. He was placed on suicide watch for one week, cleared by the physician and then released to general population.

(b)(6), (b)(7)(c) AUDITOR'S SIGNA	May 5,	<del>-</del>	
AUDITOR'S SIGNA	YTURE / 1	(5)(0), (5)(1)(0)	

# TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

**POLICY** ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.

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.

RELATED NOTIFICATIONS.		1.11,.118		
COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.				Detainees who are chronically or terminally ill are not housed at this facility. Detainees who become chronically or terminally ill are transferred to Cameron Regional Hospital or other facilities equipped to house them.
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include:  • The detainee's location; and • The limitations placed on visiting.				Policy P2-4.A, Terminal Illness, Advanced Directives, and Death, states the facility will notify ICE. ICE in turn will notify the next of kin of the detainee's medical condition, including the detainee's location and the limitations placed on visiting.
There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives.  • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.				Policy P2-4.A provides guidance for preparing living wills and advanced directives, including instructions for detainees who wish to have a living will other than the generic form provided, or who wish to appoint another to make advance decisions for him or her
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	$\boxtimes$			Policy P2-4.A provides the detainee the opportunity to have a private attorney prepare the documents.
There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$			Policy P2-4.A addresses "Do Not Resuscitate" (DNR) Orders.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				Policy P2-4.A states that a detainee with a DNR Order may receive all therapeutic efforts short of resuscitation.
The facility notifies the DIHS 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.	$\boxtimes$			Policy P2-4.A requires staff to notify the DIHS medical director, governing body and the ICE legal counsel of the name and basic circumstances of any detainee for whom a DNR order has been filed in the medical record.
The facility has written procedures to address the issues of organ donation by detainees.				Policy P2-4.A addresses the issues of organ donation by detainees.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	$\boxtimes$			Policy P2-4.A requires the notification of ICE if a detainee dies. ICE notifies the decedent's family members and consulates.
The facility has a policy and procedure to address the death of a detainee while in transport.	$\boxtimes$			Policy P2-4.A addresses the procedures to follow in the event of the death of a detainee while in transport.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.			$\boxtimes$	This is not an ICE location.
In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.  • If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?	$\boxtimes$			An interview with the local ICE DO indicates the ICE Field Office would schedule an indigent burial; and if the detainee is a U.S. military veteran, the Department of Veteran Affairs would be notified.

POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLINIURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERINIURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLOCCURS WHILE IN TRANSIT.  CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DITHE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET RELATED NOTIFICATIONS.	H, TO IN ESTED PA JCY WIL ETAINE	ICLUDE ARTIES IN L COVER ES WHO	THE PRO THE EVI PROCEI ARE SEV	OCEDURES TO ENSURE PROPER NOTIFICATION IS ENT OF A DETAINEE BECOMING TERMINALLY ILL OR DURES TO BE TAKEN IF THE DEATH OF A DETAINEE VERELY OR TERMINALLY ILL. INDICATE NA IN
COMPONENTS	YES	No	NA	REMARKS
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.				An interview with the local ICE DO indicates death certificates would be placed in the A-file. Since no detainee deaths have occurred at this facility, this could not be verified.
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as:  • Performance of an autopsy;  • Who will perform the autopsy;  • Obtaining state approved death certificates; and  • Local transportation of the body.				Policy P2-4.A addresses: when to contact the local coroner; autopsy performance; who will perform the autopsy; obtaining state approved death certificates; and local transportation of the body.
ICE staff follows established procedures to properly close the case of a deceased detainee.			$\boxtimes$	This cannot be determined since no detainee deaths have occurred at this facility.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

#### REMARKS:

No detainee deaths have been reported at this facility. The facility is not equipped or staffed to house chronically- or terminally-ill letainees. A review of policies indicates procedures are in place to address notifications in the event of a detainee death or serious illness. Adequate guidance is provided for preparing and executing advance directives and living wills. An interview with the ICE DO indicates ICE would assume most of the responsibilities once they are notified by the facility of a detainee death or serious illness.

☐ AT-RISK

☐ REPEAT FINDING

(b)(6), (b)(7)(c) / May AUDITOR'S SIGNATUR

**ACCEPTABLE** 

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☐ DEFICIENT

# SECURITY AND CONTROL STANDARDS

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**POLICY:** ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND, DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.

COMPONENTS	YE	s N	o	NA	REMARKS
The facility follows a written procedure for handling ill contraband. Staff inventory, hold, and report it when neces to the proper authority for action/possible seizure.	ssary	] [			The portion of this component that requires staff to inventory, hold and report contraband when necessary to the proper authority for action/possible seizure is specific to SPCs and CDFs. The facility has written procedures addressing all aspects of handling contraband.
Contraband that is government property is retained as evident for potential disciplinary action or criminal prosecution.	ence	] [			This component is only applicable for SPCs and CDFs. This facility retains contraband until the disciplinary or criminal prosecution process has ended.
Staff returns property not needed as evidence to the propulation authority. Written procedures cover the return of such propulation.				$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility policy indicates evidence is returned to the proper authority once it is no longer needed.
Altered property is destroyed following documentation and u established procedures.	using	] [			This component is only applicable for SPCs and CDFs. Written policy defines facility procedures for destroying altered property and documenting the final disposition.
Before confiscating religious items, the OIC or design investigator contacts a religious authority.	nated	] [	]	$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility will confiscate religious items they consider contraband and then contact a religious authority prior to destroying the contraband.
contraband that is illegal.	hard E				The facility's written procedures detail the destruction of contraband which requires two staff members to be present when disposing of contraband. Documentation is retained for two years.
Hard contraband that is illegal (under criminal statutes) ma retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using speci- written procedures. Hard contraband is secured when n use.	ified	]   [			This component is only applicable for SPCs and CDFs. Facility policy allows for the retention of hard contraband for training purposes; however, the facility has not retained any hard contraband.
ACCEPTABLE DEFICIENT		☐ A	T-Ris	K	REPEAT FINDING

# **REMARKS:**

Policy P3-1.A, Contraband, addresses the requirements within the standard. Confiscation of contraband is logged in both a contraband log and in a computerized detainee management system. Disposition is logged on a separate form and witnessed by two staff members.

The facility has confiscated mostly nuisance contraband, which is secured in a property room within the admissions area until disposition. Should a weapon be discovered, the facility contacts the Sheriff's Office who assumes possession of the contraband. Other hard contraband is secured in the Jail Administrator's area until it is no longer needed and then disposed of in accordance with written procedures.

Documentation review, observ	vation of the procedures and inte	erviews with staff were	used to determine compliance
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(b)(6), (b)(7)(c) / May 5, 3 AUDITOR'S SIGNATURE / DAT (b)(6), (b)(7)(c)

<b>POLICY:</b> EVERY FACILITY WILL CREATE A DETENTION FILE FOR DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETERMINES				
SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.	FACILIT			
COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.				Policy P3-2.A, Detention Files, requires a detention file be created for every new arrival.
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.				
The detainee's detention file also contains documents generated during the detainee's custody.  • Special requests  • Any G-589s and/or I-77s closed-out during the detainee's stay  • Disciplinary forms/Segregation forms  • Grievances, complaints, and the disposition(s) of same				A review of detention files, selected at random, confirmed they contained documents generated during the detainee's time in custody.
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.				The portion of this component that requires detention files to be in lockable cabinets with the keys limited to supervisors if the files are not maintained in a secure area is specific to SPCs and CDFs. (b)(7)e
				(b)(7)e
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.				
The officer closing the detention file makes a notation that the file is complete and ready to be archived.				
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.				
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.				
ACCEPTABLE DEFICIENT		AT-R	usk	REPEAT FINDING
REMARKS:  A review of policy and procedures, staff interviews and on-site requirements of the ICE standard. A detention file is created fo some cases originals, of the required documents.				
(b)(6), (b)(7)(c) / May 5.  AUDITOR'S SIGNATURE / D (b)(6), (b)(7)(c)				

**DETENTION FILES** 

# **DISCIPLINARY POLICY**

**POLICY:** ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.	$\boxtimes$			
The facility rules state that disciplinary action shall not be capricious or retaliatory.	$\boxtimes$			
Written rules prohibit staff from imposing or permitting the following sanctions:				All of the prohibitions in this component are incorporated into this facility's policy.
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The rules of conduct and possible sanctions are provided to detainees in writing in the detainee handbooks. The procedures are not included, and that information is communicated verbally to detainees.
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility:  Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions				The requirement to post "Prohibited Acts", the "Disciplinary Severity Scale", and the "Sanctions" is specific to SPCs and CDFs. All of the information in this component is included in the detainee handbooks and these are posted in each housing section (in Spanish and English).
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility authorizes the use of informal resolutions for handling minor rule infractions.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.				This component is only applicable for SPCs and CDFs. Reports of incidents and conduct violations are submitted to the shift supervisor by the end of each shift.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.				
An intermediate disciplinary process is used to adjudicate minor infractions.	$\boxtimes$			The facility encourages the use of informal resolution to handle minor rule infractions.  The facility has an established unit disciplinary committee (UDC) to adjudicate minor to moderate disciplinary infractions.
<ul> <li>A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:</li> <li>Conducts hearings on all charges and allegations referred by the UDC;</li> <li>Considers written reports, statements, physical evidence, and oral testimony;</li> <li>Hears pleadings by detainees and staff representatives;</li> <li>Bases its findings on the preponderance of evidence; and</li> <li>Imposes only authorized sanctions</li> </ul>				The bulleted sections of this component are specific to SPCs and CDFs. The facility has an institutional disciplinary panel (IDP) which convenes to conduct hearings. During the process the panel considers all reports, statements, physical evidence and oral testimony by detainees and their staff representatives. The panel bases their findings on a preponderance of evidence and imposes only sanctions authorized in the facility's disciplinary policy.

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COMPONENTS	YES	No	NA	REMARKS
A staff representative is available if requested for a detainee facing a disciplinary hearing.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility authorizes detainees to have staff assistance in preparing for, and participating in, a disciplinary hearing. If there are no volunteers from the staff, the Jail Administrator appoints a staff member to assist the detainee.
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				The facility authorizes continuances for issues such as defense preparation, physical or mental illness, security concerns and temporary absences from the facility.  Continuances are documented.
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.				
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"		$\boxtimes$		The facility does have procedures for handling confidential information; however, there are no criteria included for recognizing substantial evidence.
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.				
ACCEPTABLE DEFICIENT		] AT-R	lisk	REPEAT FINDING

# REMARKS:

The facility has a written policy (P3-3.A, Disciplinary Policy) addressing most aspects of this standard. The facility has a UDC which is used to adjudicate lower level infractions and an IDP which is used to conduct hearings on more serious matters. The facility also authorizes staff to resolve minor rule infractions informally. The detainees receive adequate notification of the rules and possible sanctions for violating those rules; however, they do not receive adequate information regarding disciplinary procedures.

Interviews with staff and detainees and documentation review were used to determine standard compliance.

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# **EMERGENCY (CONTINGENCY) PLANS**

**POLICY** ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.

COMPONENTS	YES	No	NA	REMARKS		
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.				Facility documentation does not specifically prohibit detainees or detainee groups from exercising control or authority over other detainees.		
Detainees are protected from:  Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees				The detainee handbook addresses these topics.		
Staff is trained to identify signs of detainee unrest.  • What type of training and how often?				New staff is trained to identify signs of detainee unrest during the 40-hour basic detention training provided.		
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)				The interaction between line staff, supervisory staff and the Jail Administrator is aided by the facility's small size and configuration. Staff easily exchange information among each other, with supervisory staff and with the Jail Administrator.		
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 Jail Administrator is responsible for emergency plans development, maintenance and implementation. The Jail Administrator reports they have sufficient time to develop the plans and feels comfortable with the content of the plans.		
The plans address the following issues:				Revisions are placed as addendums into Emergency Plans binders and are permanently incorporated into the plans after each annual review		
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	$\boxtimes$			Policy P3-4.C, Emergency Plans, Implementation of Plans, addresses this component.		
The facility has cooperative contingency plans with applicable:  Local law enforcement agencies  State agencies  Federal agencies			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility has a Memorandum of Understanding (MOU) with the Caldwell County Police Department. No other MOU were contained in the plans.		
All staff receives copies of Hostage Situation Management policy and procedures.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Staff does not receive copies of hostage situation management documents.		
(b)(7)e  (b)(7)e  Within 24 hours after release, hostages are screened for medical and psychological effects.				This component is only applicable for SPCs and CDFs.  (b)(7)e  (b)(7)e  (b)(7)e  Written policy indicates medical and psychological screening occurs within 24 hours after release of staff who are held hostage.		

# **EMERGENCY (CONTINGENCY) PLANS**

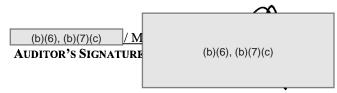
**POLICY** ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.

COMPONENTS	YES	No	NA	REMARKS		
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	This comport and CDFs. I medical treat		$\boxtimes$	This component is only applicable for SPCs and CDFs. Emergency plans provide for medical treatment of staff and detainees during and after an incident.		
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.				This component is only applicable for SPCs and CDFs. Food service has more than three days' worth of meal supplies available.		
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).				This component is only applicable for SPCs and CDFs. Emergency Plans include locations and instructions for disabling utility services.		
Written procedures cover:  Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				This facility's emergency plans address all potential incidents listed as bulleted items in this component.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

## REMARKS:

The facility has written emergency plans which are stored in key locations and accessible to staff for their use in responding to a multitude of emergency situations. The Jail Administrator retains overall responsibility for developing, revising and implementing emergency plans. Annual meetings are conducted with outside agencies in order to refine the plans and incorporate changes. In addition to assistance by the Sheriff's Office, an MOU with the local police department is in effect. New employees receive training on identification of detainee unrest. The facility staff freely communicates with the Shift Supervisor regarding activities within the facility.

Facility policy fails to include language prohibiting detainees or groups of detainees from exercising control or authority over other detainees. Observation of operations, review of emergency plans and interviews with the Shift Supervisor and Jail Administrator were used to determine overall standard compliance.



# ENVIRONMENTAL HEALTH AND SAFETY

**POLICY**: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.				The facility maintains constant inventories for all flammable, toxic, and caustic substances used/stored in each section of the facility. The maintenance shop, which use/stores flammable, toxic, and caustic substances, was checked and was found to have complete and accurate inventories.
<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>				The master MSDS file is up-to-date for every hazardous substance used with copies of that substance specific to those areas located in food service, staff break room and laundry. These files address all of the bulleted items within this component.
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They:  • Wear personal protective equipment; and • Report hazards and spills to the designated official.				
The MSDSs are readily accessible to staff and detainees in work areas.				MSDS are located in the maintenance area, two areas in food service, laundry and the control center which are accessible to staff. ICE and non-ICE detainees do not work at this facility.
<ul> <li>Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited; and</li> <li>Staff always supervises detainees using these substances.</li> </ul>				
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.				
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.				
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	$\boxtimes$			
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)				The following unit temperature was taken on 05-03-11 in C unit (ICE detainee unit): 70.3°F, which meets the industry standard.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.				Shower and sink temperatures were taken on 05-05-11 in C unit (ICE detainee unit): shower - 101°F; and sink - 98°F. Both do not exceed the industry standard.
All toxic and caustic materials are stored in their original ontainers in a secure area.	$\boxtimes$			
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.				

# ENVIRONMENTAL HEALTH AND SAFETY

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YES	NO	NA	REMARKS
			The facility does not have any products which contain methyl alcohol.
$\boxtimes$			
$\boxtimes$			The mechanical operations staff member who has been trained by the local Kingston Fire Department (KFD) to conduct fire and safety inspections conducts these inspections.
$\boxtimes$			
$\boxtimes$			The facility has a signed copy of the fire prevention, control and evacuation plan which was signed and approved by the Fire Chief of the KFD.
$\boxtimes$			The facility fire prevention, control, and evacuation plan addresses all of the required bulleted items within this component.
$\boxtimes$			
	$\boxtimes$		The facility does not have a barber shop.  Detainees are allowed to use clippers which staff deliver, along with a copy of the sanitation standard, to the unit to cut their hair
			The facility does not have a barber shop.
$\boxtimes$			

## ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS

VES. NO. NA. REMARKS

COMPONENTS	YES	No	NA	REMARKS
Standard cleaning practices include:  Using specified equipment; cleansers; disinfectants and detergents.  An established schedule of cleaning and follow-up inspections.				
The facility follows standard cleaning procedures.	$\boxtimes$			
Spill kits are readily available.	$\boxtimes$			The facility has spill kits readily available in the booking area, medical department and the control center.
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				The facility has a contract with Steri-cycle, a licensed infectious/bio-hazardous waste company to dispose of their waste.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.				
Do the methods for handling/disposing of refuse meet all regulatory requirements?				
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.  • At least monthly.  • The pest-control program includes preventative spraying for indigenous insects.	$\boxtimes$			The facility has a contract with Yetter Pest Control. Services are completed on a monthly basis and the pest control program includes preventive spraying for indigenous insects.
Orinking water and wastewater is routinely tested according to a fixed schedule.				The City of Kingston supplies and tests the water and wastewater for the facility on a regular schedule.
<ul> <li>Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>	$\boxtimes$			
ACCEPTABLE DEFICIENT	T AT-RISK			REPEAT FINDING

## REMARKS:

The facility was constructed in August 2004 with five separate units (A, B, C, D and E) with a total of 122 available beds. In December 2005, the units were remodeled to accommodate 22 additional beds which brought the total capacity to 128. Load-bearing generator testing is completed weekly on Tuesdays. The fire suppression system annunciates in the control room and is inspected and tested semi-annually as required by NFPA.

The food service hood system is inspected semi-annually by Fire and Safety, an outside contractor. Hazardous materials are well managed and controlled and inventories are accurate and complete. The physical plant is well maintained with good sanitation levels throughout.

(b)(6), (b)(7)(c) / May 5
AUDITOR'S SIGNATURE

# HOLD ROOMS IN DETENTION FACILITIES

**POLICY:** HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.

COMPONENTS	YES	No	NA	REMARKS
The hold rooms are situated within the secure perimeter.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Hold rooms are located in the booking area of the facility within the secure perimeter.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.				This component is only applicable for SPCs and CDFs. Hold rooms have adequate lighting and control switches located outside of the room.
The hold rooms contain sufficient seating for the number of detainees held.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Hold rooms have benches that can seat four detainees comfortably.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The hold rooms have mattresses on the benches and detainees were observed sleeping on them on each of the first two days of the inspection. The detainees also had blankets.
The walls and ceilings of the hold rooms are tamper and escape proof.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Walls and ceilings are solid construction with no apparent escape routes.
Individuals are not held in hold rooms for more than 12 hours.		$\boxtimes$		Detainees are sometimes held in hold rooms for more than 12 hours.
Male and females are segregated from each other.	$\boxtimes$			Sufficient hold rooms are available for staff to segregate male and female detainees.  During the inspection, observation of separate holding arrangements was noted.
Detainees under the age of 18 are not held with adult detainees.	$\boxtimes$			The facility does not accept ICE detainees under the age of 18.
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	$\boxtimes$			
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.				This facility was constructed in 2004. All hold rooms have toilet facilities.
All detainees are given a pat down search for weapons or contraband before being placed in the room.				
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.).  • Hold rooms are irregularly monitored every 15 minutes.  • Unusual behavior or complaints are noted.				Hold rooms are monitored every 30 minutes by staff. The nurse's station is near the hold rooms and the nurse did make a notation in the medical file of unusual behavior exhibited by a detainee in a hold room on the first day of the inspection.
When the last detainee has been removed from the hold room, it is given a thorough inspection.				
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.				The section of this component that requires for the evacuation plan to include a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation is specific to SPCs and CDFs. Evacuation plans are available and the Shift Supervisor is responsible for coordinating evacuation of the hold rooms.
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.				Caldwell County Ambulance provides service by calling 911.

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		HOLD ROOMS IN	DETENTION FACILI	TIES	
POLICY: Ho	OLD ROOMS WILL BE USED	ONLY FOR TEMPORARY DE	TENTION OF DETAINEES A	WAITING REMOVAL, TRANSFER, EOIR	HEARINGS
the state of the contract of the state of		Y MOVEMENT, OR OTHER P			
	Componen	TS	YES NO NA	REMARKS	
	<b>ACCEPTABLE</b>	☐ <b>D</b> EFICIENT	AT-RISK	REPEAT FINDING	
REMARKS:					
The hold robunk/bench hold rooms	ooms available are suffice, mattress and toilet. Det	ient to allow separation of tainees are provided with b	detainees by gender, age easic hygiene items and w	observation room in the facility's reco and status. Each hold room contains rater. Detainees are sometimes confi see checks at 30 minute intervals, rath	s a ined to
Observation compliance		interviews with staff and a	review of policy and do	cumentation were used to determine	standard
(b)(6), (b) <b>AUDITOR'S</b>	(7)(c) / May 5 SIGNATURE / D	(b)(6), (b)(7)(c)			

# KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

**POLICY** IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.

COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	$\boxtimes$			The Maintenance Supervisor has attended training and been certified by Southern Steel.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$			The Maintenance Supervisor is assigned this responsibility at the facility.
The security officer, or equivalent in IGSAs, provides training to employees in key control.				The Shift Supervisors are responsible for providing staff key control training annually.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			The Maintenance Supervisor prepares inventories and the Shift Supervisor ensures accountability is confirmed on each shift.
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				The Maintenance Supervisor uses the lock manufacturer's instructions regarding preventive maintenance.
Facility policies and procedures address the issue of compromised keys and locks.				
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.			$\boxtimes$	There are no safes with combination locks within the facility.
Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	$\boxtimes$			
Grand master keying systems are prohibited.	$\boxtimes$			
All worn or discarded keys and locks are cut up and properly disposed of.	$\boxtimes$			There were no broken keys or locks in the maintenance area. All broken keys are appropriately discarded.
Padlocks and/or chains are prohibited from use on cell doors.				
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to:  Occupational Safety and Environmental Health Manual, Ch. 3;  National Fire Protection Association Life Safety Code 101.				The largest housing section has a maximum capacity of 48.
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.				The facility control center has two operational key boards. One of the keyboards holds facility vehicle keys and the other holds physical plant keys.
Procedures are in place to ensure that key rings are:  Identifiable;  The numbers of keys are cited; and  Keys cannot be removed.	$\boxtimes$			All key rings are soldered and have a metal tag on the ring where the maintenance supervisor has engraved the key set number and the number of keys on the set.
Emergency keys are available for all areas of the facility.				(b)(7)e
The facilities use a key accountability system.				The facility uses a chit system.
Authorization is necessary to issue any restricted key.				
<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>				

# KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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COMPONENTS	YES	No	NA	REMARKS	
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	$\boxtimes$			The requirement for keys to be physically counted daily is specific to SPCs and CDFs.  This facility has a written key accountability policy. Keys are inventoried (b)(7)(E) and the results are documented on the chronological shift log maintained in the Control Center.	
All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.  • Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.  • When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.  • Detainees are not permitted to handle keys assigned to staff.				The bulleted sections of the component are specific to SPCs and CDFs. Keys must be returned immediately if they are removed from the facility. Unaccounted for keys are reported immediately. Detainees are prohibited from handling facility keys. Key control training is provided annually and at basic detention training.	
ACCEPTABLE DEFICIENT	REPEAT FINDING				

#### REMARKS:

Interviews with staff, review of policy and observation of practices were used to determine compliance. The facility has written procedures in Policy P3-7.A, Key and Lock Control.

The facility has assigned the Maintenance Supervisor responsibility for key and lock inventory, maintenance, repair and disposal, while the Shift Supervisors are responsible for daily inventory, control and annual training. Keys are properly stored and issued.



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POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY. **COMPONENTS** YES No NA REMARKS Staff conduct a formal count at least once each shift. The facility uses two 12-hour shifts and has two  $\boxtimes$ formal counts on each shift. This component is only applicable for SPCs and Activities cease or are strictly controlled while a formal count is CDFs. All detainees, except those on authorized being conducted. П X trips, are confined to their cells as count is conducted. Certain operations cease during formal counts. This component is only applicable for SPCs and П П  $\boxtimes$ CDFs. Detainees are not used in operations that continue through count. All movement ceases for the duration of a formal count. This component is only applicable for SPCs and CDFs. Detainees are directed to return to their П П  $\boxtimes$ cells during count. The detainee handbooks advise them "no movement or talking is permitted" during count. Formal counts in all units take place simultaneously. This component is only applicable for SPCs and CDFs. The facility housing sections are counted  $\boxtimes$ individually by the same two officers. Each section count clears prior to counting the next section. Detainee participation in counts is prohibited. This component is only applicable for SPCs and CDFs. Detainees did not participate in the count П  $\boxtimes$ observed; however, neither the count policy, nor the handbook, specifically prohibits detainee

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him/her as present.

emergencies.

The following were used to determine compliance with the NDS: a review of written policy and the detainee handbook; observation of count on 05-03-11; and a review of count documentation covering the review period. Policy P3-8.A, Population Counts, address the required components of this standard. The facility maintains a master count board in the admissions section of the facility and conducts four formal counts during a typical 24-hour period. All detainee movement ceases during the count process; and while vehicles are permitted into the sally port, no receptions are processed until count clears. This facility has provisions for recounts and emergency counts through and including declaring an escape. The process used would provide early identification of a missing detainee. During a count on 05-03-11, the officer readily discovered a detainee in the wrong cell.

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A face-to-photo count follows each unsuccessful recount.

Officers positively identify each detainee before counting

The control officer (or other designated position) maintains an

out -count record of all detainees temporarily leaving the facility.

This training is documented in each officer's training folder.

**ACCEPTABLE** 

They are followed during informal counts and

Written procedures cover informal and emergency counts.

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DEFICIENT

involvement in counts.

recounts.

confirm presence.

This component is only applicable for SPCs and

This component is only applicable for SPCs and

CDFs. Officers observed movement and skin to

information management system and is available to all staff, including the control center staff.

REPEAT FINDING

CDFs. The facility uses wrist bands and facial

comparison to a printed face sheet during

This data is entered into the detainee

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POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST. COMPONENTS YES No NA REMARKS Every fixed post has a set of post orders.  $\boxtimes$ Each set contains the latest inserts (emergency memoranda, etc.) This component is only applicable for SPCs and CDFs. There are no addendums or other and revisions.  $\Box$  $\Box$  $\boxtimes$ documents found in the current set of post One individual or department is responsible for keeping all post-The Jail Administrator is responsible for П  $\boxtimes$ orders current with revisions that take place between reviews. maintaining all post orders.  $\overline{\boxtimes}$ The IGSA maintains a complete set (central file) of post orders. The central file is accessible to all staff. This component is only applicable for SPCs  $\boxtimes$ and CDFs. A central file is available to all staff. This component is only applicable for SPCs The OIC or Contract / IGSA equivalent initiates/authorizes all  $\boxtimes$ and CDFs. The Jail Administrator authorizes post-order changes. all post order changes. The OIC or Contract / IGSA equivalent has signed and dated the This component is only applicable for SPCs П П and CDFs. The Jail Administrator has signed 冈 last page of every section. and dated the first page of every post order. The last review and update of the post orders A review/updating/reissuing of post orders occurs regularly and П  $\boxtimes$ П was in March 2010. at a minimum, annually. Procedures keep post orders and logbooks secure from detainees This component is only applicable for SPCs  $\Box$  $\Box$ and CDFs. Post orders are securely at all times.  $\boxtimes$ maintained in locked areas. This component is only applicable for SPCs Every armed-post officer qualifies with the post weapon(s) before assuming post duty. and CDFs. Officers qualify for carrying weapons at the Sheriff's Department range a  $\Box$  $\Box$  $\boxtimes$ few miles from the facility. Transportation officers and additional personnel qualify to cover needs in the event of an emergency.

## REMARKS:

Interviews with staff, observation of operations and a review of documentation were used to determine standard compliance. The facility has written Policy P3-9A, Post Orders, addressing this standard. Every detention officer assignment in the facility has a corresponding post order. On the first day of the inspection, one of the assigned control officers had not signed the control center post orders; and one of the officers conducting the noon count had not signed the count post orders.

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AT-RISK

 $\boxtimes$ 

 $\boxtimes$ 

This component is only applicable for SPCs

This component is only applicable for SPCs

and CDFs. Detainee activity is recorded in a chronological log kept in the Control Center.

and CDFs. Post orders for housing units

REPEAT FINDING

track the daily routine.

The post orders were last reviewed and issued in March 2010. The standard requires review/reissue a minimum of annually.

DEFICIENT

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Armed-post post orders provide instructions for escape attempts. The post orders for housing units track the event schedule.

Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.

**ACCEPTABLE** 

# **SECURITY INSPECTIONS**

**POLICY:** POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies:  • Posts to be inspected;  • Required inspection forms;  • Frequency of inspections;  • Guidelines for checking security features; and  • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement				The portion of the component that requires for the security inspection policy to specify the posts to be inspected and the required inspection forms is specific to SPCs and CDFs. Facility staff uses a Shift Security Checklist to satisfy all bulleted requirements in this component.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.				This component is only applicable for SPCs and CDFs. Every major common area of the facility is searched (b)(7)(E) and documented on the Shift Security Checklist.
Documentation of security inspections is kept on file.				This component is only applicable for SPCs and CDFs. A file is maintained of completed Shift Security Checklists.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Recurring problems are reported by Shift Supervisor to the Maintenance Supervisor. Serious problems are reported to the Jail Administrator.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			
All visits are officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			
The facility has a secure visitor pass system.	$\boxtimes$			
Every Control Center officer receives specialized training.	$\boxtimes$			On-the-job training (OJT) is provided by the Shift Supervisor.
The Control Center is staffed around the clock.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, the control center is staffed 24 hours a day.
Policy restricts staff access to the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Control Center access is limited.
Detainees are restricted from access to the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees are prohibited from entering the Control Center.
Communications are centralized in the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The Control Center is the communication hub of the facility.
Officers monitor all vehicular traffic entering and leaving the facility.			$\boxtimes$	The requirement to monitor departing vehicular traffic is only applicable at an SPC or CDF. Vehicles do not enter the secure perimeter of the facility. Those entering and departing the sally port are monitored using video surveillance from the Control Center.

# SECURITY INSPECTIONS

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IS IN THE FACILITY'S HIGH-RISK D PERSONNEL WITH A THOROUG			EDURES MUST BE FO	LLOWED, WILL BE

COMPONENTS	YES	No	NA	REMARKS
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:  • The driver's name;  • Company represented;  • Vehicle contents;  • Delivery date and time;  • Date and time out;  • Vehicle license number; and  • Name of employee responsible for the vehicle during the visit				This component is only applicable for SPCs and CDFs. Vehicles do not enter the secure perimeter of the facility.
Officers thoroughly search each vehicle entering and leaving the facility.				The requirement for officers to thoroughly search vehicles leaving the facility is specific to SPCs and CDFs. Vehicles do not enter the secure perimeter of the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.				
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.	$\boxtimes$			This component is only applicable for SPCs and CDFs. Tools used by contractors are inventoried appropriately.
The SMU entrance has a sally port.				The segregation unit has a single door.
Written procedures govern searches of detainee housing units				
and personal areas.				
Housing area searches occur at irregular times.			$\boxtimes$	This component is only applicable for SPCs and CDFs. A review of the search logs confirms housing areas are searched on an irregular basis.
Every search of the SMU and other housing units is documented.				
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.				
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				Inspection included observation of a perimeter security check on the first day of the inspection.
Daily procedures include:  Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.				(b)(7)e
Visitation areas receive frequent, irregular inspections.				The visiting area is searched once each shift and at the conclusion of visiting periods.
		AT-I	Risk	☐ REPEAT FINDING
REMARKS:				
	nis stand )(7)e	ard. Th	is facilit	
Vehicles enter the sally port area. The only entrance into the secure area of the facility. Cell and area searches are well of	ecure per	rimeter i		estrian gate. Vehicles do not enter entirely into
(b)(6), (b)(7)(c) / May 5, 2 AUDITOR'S SIGNATURE / DATE (b)(6), (b)(7)(c)	/Y A 33.7 T	ENTE/YD (	TENZENI	T SENISITIV <b>ICE</b> 2012 FOIA03030 014051

# SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides no punitive protection from the general population and individuals undergoing disciplinary segregation.  • Detainees are placed in the SMU (administrative) in accordance with written criteria.				
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.  • A copy of the order given to the detainee within 24 hours.				
The OIC (or equivalent) regularly reviews the status of detainees in administrative detention.  • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).				This component is only applicable for SPCs and CDFs. The Jail Administrator conducts a review of a detainee's segregation status within 72 hours of placement.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and:  • Every week thereafter for the first month; and  • Every 30 days after the first month.  • Does each review include an interview with the detainee?  • Is a written record made of the decision and the justification?				This component is only applicable for SPCs and CDFs. The Jail Administrator conducts periodic reviews every week for the first month and every 30 days after the first month.
The detainee is given a copy of the decision and justification for each review.  • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				This component is only applicable for SPCs and CDFs. Detainees are provided copies of the results of segregation hearings and have an opportunity to appeal the decisions made at those hearings to a higher authority within the jail.
The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days.  • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.				This component is only applicable for SPCs and CDFs. Current policy does not include provisions for notifying ICE when a detainee's administrative detention exceeds 30 or 60 days.
<ul> <li>The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.</li> <li>A written record is made of the decision and the justification.</li> <li>The detainee receives a copy of this record.</li> </ul>				This component is only applicable for SPCs and CDFs. The Jail Administrator reviews administrative segregation cases in accordance with this component.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees have appeal rights in accordance with this component.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.				

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COMPONENTS	YES	No	NA	REMARKS
The SMU is:				
<ul> <li>Well ventilated;</li> </ul>				
<ul> <li>Adequately lighted;</li> </ul>				
<ul> <li>Appropriately heated; and</li> </ul>				
Maintained in a sanitary condition.				
All cells are equipped with beds.		П	П	Bunks are bolted to the floor in the
Every bed is securely fastened to the floor or wall.				segregation unit.
The number of detainees in any cell does not exceed the				
occupancy limit.				
When occupancy exceeds recommended capacity, do				
basic living standards decline?	$\boxtimes$			The number of detainees assigned will not
<ul> <li>Do criteria for objectively assessing living standards exist?</li> </ul>				exceed the cell capacity.
If yes, are the criteria included in the written procedures?				
The segregated detainees have the same opportunities to				
exchange/launder clothing, bedding, and linen as detainees in the		lп	П	
general population.				
Detainees receive three nutritious meals per day, from the				Detainees in segregation receive the same
general population's menu of the day.	57			meals as detainees in general population.
Do detainees eat only with disposable utensils?				They are issued a plastic spork. Facility
• Is food ever used as punishment?				policy prohibits sanctions involving food.
Each detainee maintains a normal level of personal hygiene in				
the SMU.	ļ		i	
The detainees have the opportunity to shower and				
shave at least three times a week.				
If not, explain.				
The detainees are provided:				
Barbering services;				Detainees are provided all of the
Recreation privileges in accordance with the "Detainee"				opportunities listed in this component except
Recreation" standard;				for the "Detainee Recreation" standard.
Non-legal reading material;	l			Specifically, the facility does not offer
Religious material;			] 🗀	outdoor recreation as required by the
The same correspondence privileges as detainees in the				standard. It is noted that the facility does
general population;				provide the opportunity for a recreation
Telephone access similar to that of the general				related transfer as required by the standard.
population; and				
Personal legal material.				
A health care professional visits every detainee at least three times a week.				The checks required by this component are
	$\boxtimes$			documented on the segregation observation
<ul> <li>The shift supervisor visits each detainee daily.</li> <li>Weekends and holidays.</li> </ul>				log.
Procedures comply with the "Visitation" standard.	<del> </del>	1	-	
The detainee retains visiting privileges; and	_	_	_	
<ul> <li>The detainee retains visiting privileges; and</li> <li>The visiting room is available during normal visiting</li> </ul>				
hours.				
Visits from clergy are allowed.		$\vdash \sqcap$		

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COMPONENTS	YES	No	NA	REMARKS
Detainees have the same law-library access as the general population.  ■ Are they required to use the law library Separately, or Separately?  ■ As a group?  ■ Are legal materials brought to them?				Policy P1-1.A, Law Libraries-Legal Materials, directs detainees receive the same law library access as general population detainees. Depending on their custody needs, detainees may use the law library separately, or have materials delivered to their cells.
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	$\boxtimes$			
<ul> <li>SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU.</li> <li>Staff completes the form at the end of each shift.</li> <li>CDFs and IGSA facilities use Form I-888 (or local equivalent).</li> </ul>	$\boxtimes$			The section of this component that requires the use of the "SMU Housing Record" (I-888) immediately upon a detainee's placement in the SMU and for staff to complete the form at the end of each shift is specific to SPCs and CDFs. This facility initiates a record to document a detainee's placement in administrative custody.
<ul> <li>Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.</li> <li>Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;</li> <li>The medical officer/health care professional signs each individual's record during each visit; and</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> </ul>				This component is only applicable for SPCs and CDFs. Segregation logs contain all information identified in this component.
<ul> <li>A new record is created for each week the detainee is in Administrative Segregation.</li> <li>The weekly records are retained in the SMU until the detainee's return to the general population.</li> </ul>				This component is only applicable for SPCs and CDFs. The forms used at this facility are designed to record activities for two days.
<b>△</b> ACCEPTABLE  □ DEFICIENT		] AT-R	lisk	REPEAT FINDING

## REMARKS:

A review of facility documentation, observation of practices, inspection of segregation areas and interviews with staff and detainees in administrative segregation were used to determine compliance. Policy P3-11.A, SMUJ - Administrative Segregation, describes facility procedures related to this standard. Male administrative segregation detainees are housed in an SMU with male disciplinary segregation cases. The cells are separated by tier. Female administrative segregation cases are housed in a secure cell within the female housing section.

Detainees receive privileges co	mmensurate with those provid	ed to general population detainees.	A detainee's status is reviewed in
accordance with the standard.			

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# SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	$\boxtimes$			
The sanctions for violations committed during one incident are limited to 60 days.	$\boxtimes$			
A completed Disciplinary Segregation Order accompanies the detainee into the SMU.  The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.				
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals.  • After each formal review, the detainee receives a written copy of the decision and supporting reasons.				The section of the component that requires for detainees to receive a copy of the decision and supporting reasons after each formal review is specific to SPCs and CDFs.  Disciplinary segregation cases are reviewed every seven days.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	$\boxtimes$			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	$\boxtimes$			Detainees in disciplinary segregation are subject to more stringent control of personal property, and have more restrictive reading, television, telephone and commissary privileges.
<ul> <li>Living conditions in disciplinary SMUs remain the same egardless of behavior.</li> <li>If no, does staff prepare written documentation for this action?</li> <li>Does the OIC sign to indicate approval.</li> </ul>				Facility policy indicates living conditions will remain the same regardless of circumstances.  When different treatment is required to address security concerns, the Jail Administrator must review the justification and approve the adjustment.
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	$\boxtimes$			
The quarters used for segregation are:				
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	$\boxtimes$			Beds are bolted to the floor.
The number of detainees confined to each cell or room is limited to the number for which the space was designate.  • Does the OIC approve excess occupancy on a temporary basis?				The number of detainees confined to each cell in the SMU unit never exceeds the design capacity.
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	$\boxtimes$			Items removed from a detainee in segregation are properly justified and returned as soon as it is determined safe to do so. Detainees requiring a dry cell setting are moved to the medical observation cell.
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.				

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COMPONENTS	YES	No	NA	REMARKS
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day.  • Food is not used as punishment.	$\boxtimes$			Detainees are served the same meals as those served to general population. The facility disciplinary policy prohibits the use of food as punishment.
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.				These activities are recorded on the Housing Unit Record.
<ul> <li>Detainees receive, unless documented as a threat to security:</li> <li>Barbering services;</li> <li>Recreation privileges;</li> <li>Other-than legal reading material;</li> <li>Religious material;</li> <li>The same correspondence privileges as other detainees; and</li> <li>Personal legal material.</li> </ul>	$\boxtimes$			Detainees have access to all bulleted items.  The amount of reading material is restricted.
<ul> <li>When phone access is limited by number or type of calls, the following areas are exempt:</li> <li>Calls about the detainee's immigration case or other legal matters;</li> <li>Calls to consular/embassy officials; and</li> <li>Calls during family emergencies (as determined by the OIC/Warden).</li> </ul>				
<ul> <li>A health care professional visits every detainee in disciplinary segregation every week day.</li> <li>The shift supervisor visits each segregated detainee daily</li> <li>Weekends and holidays.</li> </ul>				These visits are documented on the segregation log.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.				Detainees in disciplinary segregation are restricted to visits from the clergy or legal representatives.
SMU detainees receive legal visits, as provided in the "Visitation" standard.  • Legal service providers are notified of security concerns arising before a visit.				
Visits from clergy are allowed.  The clergy member is given the option of visiting/not visiting the segregated detainee.  Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.				
<ul> <li>SMU detainees have law library access.</li> <li>Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing.</li> <li>Legal material brought to individuals in the SMU on a case-by-case basis.</li> <li>Staff documents every incident of denied access to the law library.</li> </ul>	$\boxtimes$			Policy P1-1.A, Law Libraries and Legal Materials, addresses all requirements within this component.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	$\boxtimes$			

# SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

**POLICY:** EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	YES	No	NA	REMARKS
The SPCs, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU.  • All I-888s are filled out by the end of each shift.  • The CDF/IGSA facility use Form.  • I-888 (or equivalent local form).	$\boxtimes$			The section of the component that requires staff to prepare the Special Management Housing Unit Record (I-888 or equivalent) as soon as the detainee is placed in the SMU and that completion of the form is by the end of each shift is specific to SPCs and CDFs. Segregation Observation logs are used at this facility.
<ul> <li>SMU staff record whether the detainee ate, showered, exercised, took medication, etc.</li> <li>Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc.</li> <li>The health care official sign individual records after each visit.</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> <li>A new record is created weekly for each detainee in the SMU.</li> <li>The SMU retains these records until the detainee leaves the SMU.</li> </ul>				This component is only applicable for SPCs and CDFs. This facility logs visits, medical conditions, suicidal or violent behavior and services on the Segregation Observation Log. The log is created every other day for each detainee in segregation.
□ ACCEPTABLE □ DEFICIENT		AT-R	Risk	REPEAT FINDING

# REMARKS:

A review of facility documentation, observation of practices, inspection of segregation areas and interviews with staff were used to determine compliance. There were no detainees in disciplinary segregation on the days of the inspection. Policy P3-11.B, SMU - Disciplinary Segregation, addresses this standard. Male detainees requiring disciplinary segregation are housed in the same unit with administrative segregation detainees. They are divided by tier within the unit. Female disciplinary segregation detainees are housed in a secure cell in the female housing section.

Privileges for detainees in disciplinary segregation are restricted. Detainees in disciplinary segregation have regular status reviews.

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POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.

COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The Maintenance Supervisor is responsible for developing tool control procedures.
Department heads are responsible for implementing this standard in their departments.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The lead employee in each department is responsible for tool control.
Tool inventories are required for the:  • Maintenance Department;  • Medial Department;  • Food Service Department;  • Electronics Shop;  • Recreation Department; and  • Armory.	$\boxtimes$			Medical and food service tools are inventoried. Maintenance department and Armory tools are kept outside of the security perimeter of the facility. Inventories are provided when tools enter and exit the facility. The facility does not have a recreation department or an electronics shop.
<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>		⊠		The facility's policy does not specifically address timelines for tool inventories nor does it include information on required documentation.
The facility has a tool classification system. Tools are classified according to:  Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).				The section of the component that requires tools to be classified as restricted and non-restricted is specific to SPCs and CDFs. The facility does not have a tool classification system.
Department heads are responsible for implementing tool-control procedures.			$\boxtimes$	This component is only applicable for SPCs and CDFs. One person in each department is responsible for implementing tool control procedures. The individual is not necessarily a department head.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.				The facility's policy is non-specific regarding tool markings and identification.  Maintenance tools are marked with yellow paint.
<ul> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice.</li> </ul>				(b)(7)e
Each facility has procedures for the issuance of tools to staff and detainees.	$\boxtimes$			Detainees are not issued tools by facility policy and practice. Staff use sign out sheets.
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include:  • Verbal and written notification;  • Procedures for detainee access; and  • Necessary documentation/review for all incidents of lost tools.				The facility does not have written policy detailing steps to be taken if a tool is lost.
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				Inside maintenance areas were toured and there were no broken or worn out tools stored within the facility.

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POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.						
COMPONENTS	YES	No	NA		REMARKS	
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.						
ACCEPTABLE □ DEFICIENT		] AT-R	ISK	R	EPEAT FINDING	

## REMARKS:

The facility's written Policy P3-12.A, Tool Control, is vague and does not address specifically: tool markings; tool classification; frequency of tool inventories; procedures for discarding broken or worn out tools; and issuing tools to employees. The facility's practices account for all facility tools.

The written policy indicates all tools are stored off-site and inventoried when they come into the secure perimeter of the facility and again when they are removed. Documentation confirmed maintenance tools are handled this way. There were tool inventories in the dietary and medical services sections. Tools were on a perpetual inventory.

Staff is permitted, at their discretion, to carry a personal suicide "cut down" tool. There is no accountability for these devices.

(b)(6), (b)(7)(c) / May 5, 20 AUDITOR'S SIGNATURE / DATI (b)(6), (b)(7)(c)

# TRANSPORTATION (LAND TRANSPORTATION)

**POLICY:** THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.

☐ 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	YES	No	NA	REMARKS	
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	$\boxtimes$				
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.	$\boxtimes$			An inspection of CDLs was conducted and all were current for transport officers.	
Supervisors maintain records for each vehicle operator.	M			Trip logs are completed for every trip.	
Officers use a checklist during every vehicle inspection.  • Officers report deficiencies affecting operability; and  • Deficiencies are corrected before the vehicle goes back into service.				The facility has a local checklist used to document vehicle deficiencies and function.  The facility contracts for vehicle repairs prior to using a vehicle with operating deficiencies.	
<ul> <li>Transporting officers:</li> <li>Limit driving time to 10 hours in any 15 hour period;</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 and safe to reach a safe area—exceeding the 10-hour limit.</li> </ul>	$\boxtimes$				
(b)(7)e officers with valid CDLs required in any bus transporting detainees.  • When buses travel in tandem with detainees, there are (b)(7)(E) palified officers per vehicle.  • An unaccompanied driver may transport an empty vehicle.					
Before the start of each detail, the vehicle is thoroughly searched.	$\boxtimes$			Facility policy indicates the inspection will include the driver's compartment, glove compartment, detainee seating area and cargo department. Observation of pre-trip routines confirmed compliance.	
Positive identification of all detainees being transported is confirmed.	$\boxtimes$			Detention officers positively identify detainees with transportation orders by cross checking the name on the transportation order with the detainee's face sheet. Positive identification is confirmed by comparing the detainee with a face sheet.	
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	$\boxtimes$			Detainees are pat searched by assigned transportation staff.	
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.					
(b)(7)e				This component is only applicable for SPCs and CDFs. (b)(7)e	

# TRANSPORTATION (LAND TRANSPORTATION)

**POLICY:** THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.

☐ STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTA CONTROL OF THE DETAINEE CASE.				BY THE ICE FIELD OFFICE OR SUB-OFFICE IN
COMPONENTS	YES	No	NA	REMARKS
The vehicle crew conducts a visual count once all passengers are on board and seated.  • Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.				
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.				
Officers ensure that no one contacts the detainees.  • (b)(7)eofficer remains in the vehicle at all times when detainees are present.				
<ul> <li>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>				Bag lunches are provided if the meal should occur during the trip.
<ul> <li>The vehicle crew inspects all Food Service pickups 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>				Facility policy indicates the vehicle crew is responsible for these bulleted activities; however, transportation officers interviewed are not aware of these responsibilities.
Vehicles have:				The requirement for vehicles to have
• (b)(7)e				(b)(7)e
The vehicles are clean and sanitary at all times.				Vehicles were inspected and found to be clean.
Personal property of a detainee transferring to another facility is:				

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POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.					
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	YES	No	NA	REMARKS	
The following contingencies are included in the written procedures for vehicle crews:  • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors					
ACCEPTABLE DEFICIENT		☐ AT-R	ISK	REPEAT FINDING	

# REMARKS:

A review of facility documentation, observation of practices and interviews with staff were used to determine compliance. The facility has written Policy P3-13.A, Transportation (By Land), which addresses aspects of this standard.

The facility has one bus and several vans. Facility staff provides daily transportation services in accordance with the requirements of this standard. The transportation staff was not aware of their responsibility to inspect food for detainees. Facility vests are available for use by transportations staff; however, they are not required to wear them.

(b)(6), (b)(7)(c) / May 5, 20 AUDITOR'S SIGNATURE / DATE (b)(6), (b)(7)(c)

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POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE: COMPONENTS YES No NA REMARKS Written policy authorizes staff to respond in an immediate-use- $\boxtimes$ П of-force situation without a supervisor's presence or direction. 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 Staff training focuses on de-escalation  $\boxtimes$ П others, officers must try to resolve the situation without resorting techniques. to force. Written policy asserts that calculated rather than immediate use П  $\boxtimes$ П of force is feasible in most cases. The facility subscribes to the prescribed Confrontation Avoidance Procedures. Staff confirmed all efforts are taken to avoid  $\boxtimes$ П П • Ranking detention official, health professional, and using force. others confer before every calculated use of force. When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-While written policy provides for team П  $\boxtimes$ П Force Team Technique. techniques to be used, they are not. • Under staff supervision. Staff members are trained in the performance of the Use-of-The facility's defensive tactics instructor  $\boxtimes$ Force Team Technique. (b)(7)(E)All use-of-force incidents are documented and reviewed. Inspection included a review of  $\boxtimes$ documentation involving two UOF incidents. Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary The practices included in this component are cooperation before resorting to force; confirmed in the facility's written policy and  $\boxtimes$ Use only as much force as necessary to control the also by staff interviewed regarding facility detainee; and practices. Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. Medication may only be used for restraint purposes when Facility policy specifically indicates authorized by the Medical Authority as medically necessary. "medication may only be used for restraint  $\boxtimes$ purposes when authorized by the Medical Authority as medically necessary." Use-of-Force Team follows written procedures that attempt to  $\boxtimes$  $\Box$ prevent injury and exposure to communicable disease(s). П (b)(7)(E)

# USE OF FORCE

POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE.

Standard procedures associated with using four-point restraints include:  Soft restraints (e.g., vinyl); Dressing the detainee appropriately for the temperature; Checking the detainee at least every 15 minutes; Checking the detainee at least every 15 minutes; Logging each check; Turning the bed-restrained detainee often enough to prevent sorcess or stiffness; Medical evaluation of the restrained detainee twice per eight hour shift; and When qualified medical staff is not immediately available, staff position the detainee twice per eight hour shift; and When qualified medical staff is not immediately available, staff position the detainee twice per eight hour shift; and When qualified medical staff is not immediately available, staff position the detainee's free-upl'.  The shift supervisor monitors the detainee's position/condition every two hours.  He/she allows the detainee's medical staff once the detainee to use the rest room at these times under safeguards.  All detainee she under control.  When the OIC authorizes use of non-lethal weapons:  Medical staff is consulted before staff use pepper spray/non-lethal weapons are taken when restraining pregnant detainees.  Medical staff is consulted before staff use pepper spray/non-lethal weapons is authorized.  Special precautions are taken when restraining pregnant detainees.  Medical staff is consulted for instructions on restraining pregnant detainees.  Medical personnel are consulted  Protective gear is worn when restraining detainees with open cuts or wounds.  Staff documents every use of force and/or non-routine application of restraints.  All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees.  Specialized training is given and Officers are certified in all devices they use.  In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?  All reflects are trained and certified in the use of found of the process of the process of the proces	COMPONENTS	YES	No	NA	REMARKS
include:  Soft restraints (e.g., vinyl); Dressing the detainee appropriately for the temperature; A bed, mattress, and blanket/sheet; Checking the detainee at least every 15 minutes; Logging each check; Turning the bed-restrained detaince often enough to prevent sorness or stiffless; Medical evaluation of the restrained detaince twice per eight hour shift; and When qualified medical staff is not immediately available, staff position the detaince "face-up".  The shift supervisor monitors the detaince's position/condition every two hours.  He/she allows the detaince to use the rest room at these times under safeguards.  He/she allows the detaince so position/condition every two hours.  Medical staff is consulted before staff use pepper spray/non-lethal weapons.  Medical staff is consulted before staff use pepper spray/non-lethal weapons and tetainces medical flie before use of a non-lethal weapon is authorized.  Special precautions are taken when restraining pregnant detainces.  Medical staff is consulted for instructions on restraining pregnant detainces.  Medical precautions are taken when restraining pregnant detainces.  Medical precautions are taken when restraining pregnant detainces.  Medical staff is consulted for instructions on restraining pregnant detainces.  Medical staff is consulted for instructions on restraining pregnant detainces.  Medical staff is consulted for instructions on restraining pregnant detainces.  Medical staff is consulted for instructions on restraining pregnant detainces.  The Jail Administrator, ICE staff and the Sheriff review all UOP and non-routine application of restraints.  It is standard practice to review any use of force and the non-routine application of restraints.  It is standard practice to review any use of force and officers are confrontation avoidance techniques and the use of force to control detainess.  Special precaution of restraints.  It is standard practice to review any use of force and officers are confrontation avoidance techniques and the use of force to c		1123	110	INA	REWIARKS
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local form used to document incidents involving force.					
involving force.	(IGSAs / CDFs) is this form or its equivalent used?				
			╽╙╵		
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING					involving force.
	<b>△</b> ACCEPTABLE ☐ DEFICIENT		AT-R	.ISK	REPEAT FINDING

# REMARKS:

Interviews with staff and a review of written policy, documentation and training records were used to determine compliance.

The facility's written Policy P3-15.	A, Use of Force and Restr	raints, addresses the requirements of this I	CE NDS. However, interviews
with staff revealed the procedures a	are not consistently follow	red. (b)(7)(E	)
(b)(7)(E)	They further	reported having arrangements with local l	aw enforcement agencies should
they require assistance.		(b)(7)(E)	
	(b)(7)(E)		
The facility uses (b)(7)e	however, policy prohil	bits their use on ICE detainees.	
(b)(6), (b)(7)(c) / May AUDITOR'S SIGNATURE / I	(b)(6), (b)(7)(c)		

# STAFF DETAINEE COMMUNICATIONS

**POLICY:** PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME FRAME.

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.				The section of this component that requires weekly announced and unannounced visits is specific to SPCs and CDFs. A review of the sign-in log indicates weekly announced and unannounced visits occur at this facility.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	$\boxtimes$			Detention and Deportation staff conducts scheduled weekly visits with detainees every Monday.
Scheduled visits are posted in ICE detainee areas.				A laminated detainee handbook is hung on the railing of C-pod (the detainee unit). This handbook contains a page that states an ICE representative will visit the facility every Monday.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	$\boxtimes$			
ICE information request Forms are available at the IGSA forms by ICE detainees.	$\boxtimes$			ICE information request forms are available on request for use by ICE detainees.
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	$\boxtimes$			
ICE staff responds to a detainee request from an IGSA within 72 hours.				The facility maintains a log with copies of ICE request forms and responses. A review of this log reveals ICE staff responds to requests within 72 hours.
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.				ICE detainees are notified of their right to correspond with ICE staff regarding their case or conditions of confinement in the detainee handbook posted in the pod.
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING				

# REMARKS:

A review of logs and interviews with detainees indicate ICE staff makes both routine and unannounced visits to the facility. ICE information requests are faxed to the ICE office and responses are faxed back usually the next workday.

(b)(6), (b)(7)(c) / May 5, 2 AUDITOR'S SIGNATURE / I	(b)(6), (b)(7)(c)
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#### DETAINEE TRANSFER STANDARD

POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.

COMPONENTS	YES	No	NA	REMARKS
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.  • The notification is recorded in the detainee's file; and • When the A File is not available, notification is noted within DACS				REMARKS
Notification includes the reason for the transfer and the location of the new facility.	$\boxtimes$			
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.				
<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer;</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility; and</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>		$\boxtimes$		Facility policy does not address any of the requirements of this component.
The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$			
For medical transfers:  • The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer;  • Medical transfers are coordinated through the local ICE office; and  • A medical transfer summary is completed and accompanies the detainee.			$\boxtimes$	Except for emergency transport to a local hospital, this facility does not process medical transfers.
Detainees in ICE facilities having DIHS staff and medical care 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.			$\boxtimes$	DIHS staff is not assigned to this facility. Except for emergency transport to a local hospital, this facility does not process medical transfers.
For medical transfers, transporting officers receive instructions regarding medical issues.				Except for emergency transport to a local hospital, this facility does not process medical transfers.
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.				
Transfer and documentary procedures outlined in Section C and D are followed.				
Meals are provided when transfers occur during normally chedule meal times.				When requested by ICE, the food service department will provide meals for transfers.
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.				

DETAINEE TR	ANSFE	R STAI	NDARI	D
POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHE SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAITORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF TAKING PLACE.	ICE WI THER TH FAINEE'S	LL ADHE IE DETAI S STAGE V	ERE TO . NEE IS RI WITHIN T	JPATS PROTOCOLS. IN DECIDING WHETHER TO REPRESENTED BEFORE THE IMMIGRATION COURT. IN THE REMOVAL PROCESS, WHETHER THE DETAINER'S
COMPONENTS	YES	No	NA	REMARKS
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	$\boxtimes$			
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING
REMARKS:				
Interviews with ICE and facility staff confirmed ICE makes all n with the ICE standard. Facility policy does not address: the protransfer; the detainee is not notified of the transfer until immedia make any phone calls to have contact with any detainee in the ge	hibition tely pric	to discu or to dep	iss trans parting t	sfer times and plans with a detainee prior to
(b)(6), (b)(7)(c) / May 5, 2 AUDITOR'S SIGNATURE / DAT (b)(6), (b)(7)(c)				

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



MEMORANDUM FOR: Ricardo Wong

Field Office Director

Chicago Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

Caldwell County Detention Center Annual Review

The annual review of the Caldwell County Detention Center conducted on May 3-5, 2011, in Kingston, Missouri has been received. A final rating of <u>Acceptable</u> has been assigned and this review is closed.

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

- 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 June 9, 2012.

Should you or your staff have any questions regarding this matter, please contact Jay Brooks, (Acting) Deputy Assistant Director, Detention Division at (202) 732-3249.

cc:_	Official File
	(b)(6), (b)(7)(c), (b)(7)e

A. Type of Facility Reviewed		Estimated Man-da	ys Per Year	:			
ICE Service Processin	ng Center	13,400	•				
ICE Contract Detenti	on Facility						
<b>ICE Intergovernment ICE</b>	al Service Agreement	G. Accreditation					
		List all State or Na	ational Accr	editatio	n[s] receiv	red:	
B. Current Inspection							
Type of Inspection		Check box if t	facility has n	o accre	ditation[s]		
Field Office HQ Inspec	tion						
Date[s] of Facility Review		H. Problems / Co					
May 3-5, 2011		The Facility is und					
C. Busuisa Mark Day A.F.	114 D 1	Court Order			Action Ord	er	
C. Previous/Most Recent Fac  Date[s] of Last Facility Review	inty Review	The Facility has S					
June 1-3, 2010		Major Litigation		Life/Sa	fety Issue	8	
Previous Rating		☐ Check if None	<del>.</del>				
	ptable Deficient At-Risk	T T 111 111 1					
	pusis z union no man	J. Facility Histo Date Built	ory				
D. Name and Location of Fac	ility	2004					
Name		Date Last Remode	alad or Unar	odod	<del>,</del>		
Caldwell County Detention Ce	enter	December 2005	eled of Opgi	aueu			
Address (Street and Name)		Date New Constru	action / Red	enace /	Adad		
280 West Main Street		2005 / 22 beds	iction / Bea	space F	raaca		
City, State and Zip Code		Future Construction	on Planned				
Kingston, Missouri 64650		Yes No I					
County		Current Bed space		Bed sr	ace (# Ne	w Beds only)	
Caldwell		128			Date: N/		
Name and Title of Chief Execut			1 7 7 7 7 7				
(b)(6), (b)(7)(c) , <b>Jail Admi</b>		J. Total Facility	v Populatio	n			
elephone # (Include Area Code	e)	Total Facility Inta			nonths		
<b>816-586</b> (6), (b)(7)(c)		2,433					
Field Office / Sub-Office (List C		Total ICE Man-da	ys for Previ	ous 12	months	-	
Chicago, Illinois / Kansas Cit	y, Missouri	13,388					
Distance from Field Office							
500 miles / 55 miles		K. Classification	n Le <u>vel (IC</u>	E SPC	s and CD	Fs Only)	
E. ICE Information			L-		L-2	L-3	
Name of LCI (Last Name, Title	and Duty Station)	Adult Male	N/.		N/A	N/A	
(b)(6), (b)(7)(d).CI / MGT	and Duty Station)	Adult Female	N/.	A	N/A	N/A	
Name of Team Member / Title /	Duty Location	† <u> </u>					
(b)(6), (b)(7)(c) / CI-Security / M		L. Facility Capa		F _			
Name of Team Member / Title /			Rated		ational	Emergency	
(b)(6), (b)(7)(c) CI-Medical Care		Adult Male	114		114	144	
Name of Team Member / Title /		Adult Female	14	J	14	14	
(b)(6), (b)(7)(cCI-Food Service / MG		☐ Facility holds J	uveniles Off	enders	lb and olde	er as Adults	
Name of Team Member / Title /		M. Average Dai	ly Donulatio				
(b)(6), (b)(7)(cCI-Environmental He	alth and Safety / MGT	WI. Average Dan	Iy Fopulatio		USMS	Other	
	- 1	Adult Male	41		31	22	
F. CDF/IGSA Information Or	nly	Adult Female	3		3	3	
Contract Number	Date of Contract or IGSA	Adult Felliale	] 3		<u></u>		
ACD-3-H-1002	March 19, 2004	N. Facility Staff	fing Lovel				
Basic Rates per Man-Day		Security:	ing LCYCI	Sunn	ort:		
\$65.97							
Other Charges: (If None, Indica		(b)(7)e		(b)(7)e_			
Pasic rate includes transporta	tion services for ICE						

# 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.)	2-P	5-P	0	0
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	2	5	0	0
Assault:	Types (Sexual Physical, etc.)	0	0	1-P	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	1	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	1	1	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	2	1	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	1-V	1-V	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	С	С	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	1	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	10	10	9	1
	# Resolved in favor of Offender/Detainee	7	3	5	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	A	0
	Number	0	0	1	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	40	16	63	57
	# Psychiatric Cases referred for Outside Care	0	0	1	1

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

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

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

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

# DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

1. Ac	cceptable 2	. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable					
Deta	inee Services					1.	2.	3.	4.	5.
1.	Access to Le	gal Materials	3							
2.	Admission a	nd Release								
3.	Classificatio	-				$\boxtimes$				
4.		ence and Othe	er Mail				□			
5.	Detainee Ha									
6.	Food Service									
7.		ersonal Prope	•				ᆜ	믜	빌	
8.		ievance Proce					Ш	Ш	ᆜ	
9.	•	ntation On L	•					븨	븯	
10.		-	lding and Towe	els					ᆜ	
11.	Marriage Re	-					Ш	<u> </u>	<u> </u>	
12.		l Emergency	Escorted Trips				닏	ᆜ	$\perp$	$\boxtimes$
13.	Recreation						닏	빌	ᆜ	
14.	Religious Pr					$\boxtimes$	Щ	빌	ᆜ	
15.	Access to To	elephones				$\boxtimes$	닏	빌	Щ	
16.	Visitation						ᆜᆜ	빌	ᆜ	
17.		ork Program								$\square$
	th Services									
18.	Hunger Stril									
19.	Access to M									
20.		ention and Ir								
21.			ed Directives ar	nd Death						
Secu	rity and Con	trol								
22.	Contraband									
23.	Detention Fi					$\boxtimes$				
24.	Disciplinary	-				$\boxtimes$				
25.	Emergency 1					$\boxtimes$				
26.		tal Health an	•			$\boxtimes$	ullet			
27.		in Detention	Facilities			$\boxtimes$				
28.	Key and Loc					$\boxtimes$				
29.	Population (	Counts				$\boxtimes$				
30.	Post Orders					$\boxtimes$		Ш		
31.	Security Insp					$\square$				
32.				tive Segregation)		$\boxtimes$	$\Box$			
33.			ts (Disciplinary	y Segregation)		$\boxtimes$				
34.	Tool Contro					$\boxtimes$				
35.	-	on (Land Tra	nsportation)			$\boxtimes$				
36.	Use of Force					$\boxtimes$				
37.			ication (Added	- · ·		$\square$				
38.	Detainee Tra	ansfer (Adde	d September 20	004)						

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

## 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)  (b)(6), (b)(7)(c)  Title & Duty Location	(b)(6), (b)(7)(c)
LCI, MGT	May 7, 2011
TEAM	MEMBERS
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) <b>CI-Security, MGT</b>	(b)(6), (b)(7)(c) CI-Medical Care, MGT
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) , CI-Food Service, MGT	(b)(6), (b)(7)(c) CI-Environmental Health and Safety, MGT
Recommended Rating:  Superior Good Acceptable Deficient At-Risk	

## **Comments:**

There have been no escapes, attempted escapes or deaths at this facility during the past 12 months. There was, however, one suicide attempt:

• An 18-year old non-ICE detainee inflicted three superficial cuts to his forearm with the metal clasp from a manila envelope. The detainee did not state any suicidal ideation, but rather simply wanted some attention and to be removed from the pod to which he was assigned. He was placed on suicide watch for one week, cleared by the physician and then released to general population.

The facility does (b)(7)e however, facility policy prohibits their use on ICE detainees.