Office of Enforcement and Removal Operations

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



MEMORANDUM FOR:

John Longshore

Field Office Director

Denver Field Office

FROM:

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

Assistant Director for Custody Management

SUBJECT:

Denver County Jail Annual Review

The annual review of the Denver County Jail conducted on October 11-13, 2011, in Denver, Colorado 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):

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

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

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

cc: Official File



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

Contract # HSCECR-09-C-00004

# ICE National Detention Standards Compliance Review

Facility:

**Denver County Jail** 

Inspection Date:

October 11-13, 2011

Report Date:

October 13, 2011



601 13<sup>th</sup> Street, NW Suite 650 North Washington, DC 20005 202/824-66, (b)(7)[0] 202/824-0728 (F) www.MGTofAmerica.com

October 13, 2011

MEMORANDUM FOR:

Gary E. Mead

**Executive Associate Director** 

Office of Enforcement and Removal Operations

FROM:

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

Lead Compliance Inspect

SUBJECT:

Denver County Jail

Annual Detention Review

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

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) National Detention Standards (NDS) at the Denver County Jail (DCJ) located in Denver, Colorado during the period of October 11-13, 2011. This facility is an Intergovernmental Service Agreement (IGSA).

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

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

# Type of Review

This review was a scheduled annual inspection, which was performed to determine overall compliance with the ICE NDS for Over 72-hour facilities. The facility received a previous rating of "Acceptable" during the October 2010 inspection.

### Review Summary

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



# Standards Compliance

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

2010 Inspection	
Compliant	34
Deficient	2
At-Risk	0
Repeat Deficiency	0
Not Applicable	2

2011 Inspection	
Compliant	32
Deficient	2
At-Risk	0
Repeat Deficiency	2
Not Applicable	2

# LCI Issues and Concerns

# Access to Legal Material: Repeat Deficiency

<u>Policy</u>: Facilities holding ICE detainees shall permit detainees access to a law library, and provide legal materials, facilities, equipment and document copying privileges, and the opportunity to prepare legal documents.

- The facility does not currently provide a designated law library for detainee use.
- The facility does not provide legal materials identified within Attachment A of this standard. At the time of this inspection, computer terminals available for detainee use were not programmed with the LexisNexis program.

### Recommendation

It is recommended that the facility provide a law library for detainee use as specified in the standard. It is recommended that the facility provide detainees with access to legal materials as specified in Attachment A of this standard, or ICE detainees have access to the LexisNexis program.

### Admission and Release: Repeat Deficiency

<u>Policy</u>: The procedures a facility follows in admitting and releasing detainees protect the health, safety, and welfare of each person. During the admissions process, detainees undergo screening for medical purposes; have their files reviewed for classification purposes; submit to a standard body search; and personally observe and certify the examination, categorization, inventorying, and safeguarding of all personal belongings. During the release process, detainees return clothing, bedding, and other facility-issued items; participate in identity-verification procedures; and complete documents in accordance with facility procedures, including certifying receipt of all inventoried personal property, including funds and valuables.

All detainees received at the facility are strip searched as part of the admission process. Strip
searches occur on intake as a matter of routine and are not based on provisions of probable cause
as specified within the ICE protocol on searches of detainees. Strip searches are not conducted in
a private area.

### Recommendation

It is recommended that the facility adhere to ICE protocol regarding strip search of detainees.



### Hold Rooms in Detention Facilities: Deficient

<u>Policy</u>: Hold rooms will be used for the temporary detention of individuals awaiting removal, transfer, EOIR hearings, medical treatment, intra-facility movement, or other processing into or out of the facility.

- The facility does not limit time spent in facility hold rooms to a maximum of 12 hours.
- The facility does not require hold rooms be irregularly monitored every 15 minutes or that unusual activity be logged. There are no logs maintained with regard to hold cell checks or activity.

### Recommendation

It is recommended the facility establish policy, procedure, and practice providing for a maximum time in holding cells of 12 hours. Additionally, detainees in hold cells should be checked irregularly every 15 minutes and unusual behavior or complaints be noted.

Use of Force: Deficient

**Policy**: The use of force is authorized only after all reasonable efforts to resolve a situation have failed. Officers shall use as little force as 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 the security and orderly operation of the facility. Physical restraints shall be used to gain control of an apparently dangerous detainee only under specified conditions.

- Policy does not include language that supports a calculated approach instead of an immediate use
  of force.
- The written policy does not support a confrontation avoidance approach to potential use of force situations.
- Medical staff is not always consulted prior to the authorized use of non-lethal weapons. The detainee's medical file is not reviewed prior to calculated use of force using non-lethal weapons.
- (b)(7)(e) are routinely issued and used by staff at this facility.

  There is no current prohibition on the use of this equipment on ICE detainees.
- (b)(7)(e) are issued to staff at this facility for use during use of force situations. This item is currently not on the approved ICE list of non-lethal equipment, and there is no prohibition regarding use of these weapons on ICE detainees.
- Upon review of policy and staff training curriculums, the facility was previously utilizing a (b)(7)(e) as a permitted Use of Force option. This use of force technique is prohibited by this standard. Based on a 2010 incident at another County facility and pursuant to notification to all officers effective August 22, 2010, the use of this technique in use of force situations was suspended. The restraint technique is not currently being taught in the Use of Force curriculum. It should be noted the matter is under review by Denver County officials and a decision has not been made regarding future use of the technique.

### Recommendation

It is recommended the facility establish policy, procedure, and practice that ensures that use of force on detainees is done in a manner that is consistent with the provisions of this standard.



# Concern - Processing Fees:

Denver County charges a \$30.00 processing fee for all persons booked into the Denver County Jail or other jail facilities under county control. Staff interviews indicate this fee would also be charged to ICE detainees when they were processed into the Denver County Jail. It was also noted that the detainees are charged a co-payment of \$7.00 for designated medical services. Due to the fact that there were no ICE detainees housed at the facility for the previous 12 months it was not able to be determined if ICE detainees were charged a medical co-pay.

# Recommended Rating and Justification

The LCI recommends the facility receive a rating of "Acceptable." Although there are four deficiencies (two repeats), the facility is compliant with 32 of the 36 applicable standards; two standards are not applicable.

# LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely recorded on the G-324A Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire inspection team, the following were present: Elias Diggins, Division Chief, Denver Sheriff's Department (DSD); (b)(6), (b)(7)(c), Nurse Manager, DSD; (b)(6), (b)(7)(c) Sergeant – Accreditation Manager, DSD; (b)(6), (b)(7)(c) Major, DSD; (b)(6), (b)(7)(c) Deputy Sheriff – Accreditation, DSD; (b)(6), (b)(7)(c) Major, DSD; (b)(6), (b)(7)(c) ICE Supervisory Detention and Deportation Officer; (b)(6), (b)(7)(c) ICE Immigration Enforcement Agent; and b)(6), (b)(7)(c) Sergeant, DSD.

(b)(6), (b)(7)(c) <u>LCI, MGT</u>	October 13, 2011
Printed Name/Title	Date
Signature:	

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

Estimated Man-days Per Year:

0

A. Type of Facility Reviewe	d					
ICE Service Process	ing Center	G. Accreditation	on Certificat	es		
ICE Contract Deten		List all State or National Accreditation[s] received:				
	ıtal Service Agreement	American Correctional Association 2009				
	8	National Commi	ission on Cor.	rectional Health (	Care 2011	
B. Current Inspection				no accreditation[s		
Type of Inspection					<u></u>	
Field Office HQ Inspe	ection	H. Problems /	Complaints	(Copies must be	attached)	
Date[s] of Facility Review			nder Court <u>O</u>	rder or Class Act		
October 11-13, 2011		Court Order	<u>i</u>	Class Action Or		
C. Previous/Most Recent Fa	cility Review	The Facility has  Major Litigat		itigation Pending Life/Safety Issue		
Date[s] of Last Facility Review	2.0.120.1	Check if No		Liter Surety 1880		
October 26-28, 2010		M CHECK II NO	нс.		<u>. ' : : : : : : : : : : : : : : : : : : </u>	
Previous Rating		I Facility III:				
	eptable Deficient At-Risk	I. Facility His	виту			
	- F	Date Built				
D. Name and Location of Fa	acility	1954	111 77	1 1		
Name		Date Last Remo		raded		
Denver County Jail		2009 Production			_	
Address (Street and Name)		Date New Const				
10500 East Smith Road		Under Current 2		truction		
City, State and Zip Code		Future Construc				
Denver, Colorado 80201		Yes No				
County		Current Bed spa		e Bed space (# No		
Denver		913	Numb	er: 256 Date: Sp	ring 2012	
Name and Title of Chief Executive	e Officer (Warden/OIC/Supt.)					
(b)(6), (b)(7)(c) Chief	. ,	J. Total Facili				
Telephone # (Include Area Code)		Total Facility In	<u>take</u> for previ	ous 12 months		
720-9(b3(6), (b)(7)(c)		13,876				
Field Office / Sub-Office (List Off	ice with oversight responsibilities)	Total ICE Man-	days for Prev	ious 12 months		
Denver_		0				
Distance from Field Office	-					
15 miles		K. Classificati	on Level (IC	E SPCs and CD	Fs Only)	
			L.	-1 L-2	L-3	
E. ICE Information		Adult Male				
Name of LCI (Last Name, Title	e and Duty Station)	Adult Female				
(b)(6), (b)(7)(6)LCI / MGT of Ame	rica, Inc.				<u> </u>	
Name of Team Member / Title	/ Duty Location		· · · · · · · · · · · · · · · · · · ·			
o (6), (b)(7)( <b>©</b> I-Medical Care / MC	T of America, Inc.	L. Facility Cap	acity			
Name of Team Member / Title	/ Duty Location	,	Rated	Operational	Emergency	
o)(6), (b)(7)( <b>©I-Security</b> / MGT of	533	533	693			
Name of Team Member / Title						
(b)(6), (b)(7)(c) CI-Environmental 1			<u> </u>	enders 16 and old	er as Adults	
Service / MGT of America, Inc		racinty notes	Juvennes On	enders to and old	ci as Auuits	
3.19		M. Average Da	ily Populati	nm		
F. CDF/IGSA Information O	, ·	M. Average Da	IC		Other	
Contract Number	Date of Contract or IGSA	Adult Male 0			610	
Den-99-7044	11/03/1998	Adult Female	0	0	269	
Basic Rates per Man-Day				I		
\$70.20		N. Facility Sta	ffing Level			

Security:

(b)(7)(e)

Support:

### 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.)	Р	5S/7P	4S/10P	2S/5P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	3	12	14	7
Assault:	Types (Sexual Physical, etc.)	0	P	P	P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	4	1	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	1	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	1	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	1/M	2/M	1/M
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	С	C	C
Offender / Detainee Medical Referrals as a result of injuries sustained.		3	. 3	3	1
Escapes	Attempted	0	0	0	0
	Actual	8	1	2	0
Grievances:	# Received	250	209	212	295
	# Resolved in favor of Offender/Detainee	54	63	33	47
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	О	S
	Number	0	0	1	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	417	385	387	364
	# Psychiatric Cases referred for Outside Care	17	3	0	11

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

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

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

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.

	ICE Detention Standards Review Summary Report					
	eptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable					
	nee Services	1.	2.	3.	4.	5.
1.	Access to Legal Materials				$\boxtimes$	
2.	Admission and Release	Ш		Ш		
3.	Classification System		┞╚	Ш	<u> </u>	
4.	Correspondence and Other Mail		l∐	l ∐ ¹		
5.	Detainee Handbook		닏ᆜ	4	ᆜ	
6.	Food Service	$\square$	닏	ᆜ	ᆜ	
7.	Funds and Personal Property		Щ	부	<u> </u>	
8.	Detainee Grievance Procedures		닏	ᆜ	<u> </u>	
9.	Group Presentation On Legal Rights		╙		<u> </u>	
10.	Issuance of Clothing, Bedding and Towels		닏	닏	<u> </u>	
11.	Marriage Requests		닏	닏	<u> </u>	
12.	Non-Medical Emergency Escorted Trips	닏	닏	ᆜ	ᆜ	$\boxtimes$
13.	Recreation		牌	ᄖ	-닡-	
14.	Religious Practices		牌	Щ	ᆜ	
15.	Access to Telephones		닏	ᆜ	ᆜ	
16.	Visitation		ᄖ	Щ	ᆜ	
17.	Voluntary Work Program	$\boxtimes$			Ш	
	h Services					
18.	Hunger Strikes					
19.	Access to Medical Care					
20.	Suicide Prevention and Intervention					
21.	Terminal Illness, Advanced Directives and Death					
	ity and Control					
22.	Contraband					
23.	<b>Detention Files</b>					
24.	Disciplinary Policy					
25.	Emergency Plans	$\square$				
26.	Environmental Health and Safety					
27.	Hold Rooms in Detention Facilities		$\boxtimes$			
28.	Key and Lock Control	$\boxtimes$				
29.	Population Counts	$\boxtimes$				
30.	Post Orders					
31.	Security Inspections					
32.	Special Management Units (Administrative Segregation)					
33.	Special Management Units (Disciplinary Segregation)					
34.	Tool Control	$\boxtimes$				
35.	Transportation (Land Transportation)					X
36.	Use of Force					
37.	Staff / Detainee Communication (Added August 2003)	$\boxtimes$				
38.	Detainee Transfer (Added September 2004)	N		ГП	П	

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 COMPL	IANCE INCRECTAD
Lead Compliance Inspector: (Print Name)	Signa
(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)
Title & Duty Location	Date
LCI, MGT of America, Inc.	October 13, 2011
	V
TEAM	Members
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) , CI-Medical Care, MGT of America, Inc.	(b)(6), (b)(7)(c) CI-Security, MGT of America, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) CI-Environmental Health and Safety & Food Service, MGT of America, Inc.	
Service, MOT of America, Inc.	
Recommended Rating:  Superior Good Acceptable Deficient At-Risk	

### Comments:

This is a 913-bed facility holding offenders classified as low or medium security. The facility holds adult male and female detainees as well as both male and female juveniles between the ages of 14 and 18. Juveniles are held at the facility if the District Attorney adjudicates the juvenile as an adult offender. The facility keeps adults physically separated from juveniles. There was one non-ICE juvenile held at the facility during the time of the inspection. ICE staff indicated they will not place juveniles at the facility under any circumstance. There have been no ICE detainees held at the facility during this past reporting period. While there are detainees at the facility with ICE holds, they are being held at the facility under separate charges. Once a non-ICE detainee with a hold from ICE has satisfied his obligation of state or county charges, ICE is notified and removes the detainee from the facility. The facility is undergoing extensive renovation and expects to add 256 beds as a result of new construction. A review of statistics provided by the facility reflects the following:

The facility reported 11 offender on offender sexual assaults. A review of incident reports and interviews with staff reflect that none of the cases involved ICE detainees. There were no injuries or criminal charges involved. Incidents included detainees exposing themselves, inappropriate touching, and consensual sexual contact between two female detainees. None of the incidents were considered serious and none warrant further discussion or explanation for purposes of this review.

# Department Of Homeland Security Immigration and Customs Enforcement

Detention Facility Inspection Form Facilities Used Over 72 hours

The facility reported six offender assaults on staff. A review of the incident reports reflect that none of the incidents involved an ICE detainee. The staff assaults occurred as follows:

November 22, 2010: Use of force was being utilized by staff to place a non-ICE female detainee into a suicide watch cell in the medical unit. During the use of force the subject punched an officer in the face. The officer reported a swollen lip and an abrasion on her right cheek. The detainee was not criminally charged and received administrative discipline via the detainee disciplinary process.

May 2, 2011: During intake processing a non-ICE female detainee was being strip searched. During processing, the subject pulled a crack pipe from her bra and threw it at an officer. There was no injury reported. Subject was charged with assault and related drug offenses for introduction of narcotics and received 20 additional days on her sentence.

May 19, 2011: A female non-ICE detainee was disruptive, and security staff physically restrained her. During restraint, she bit an officer's hand breaking the skin. Subject was charged with assault, resisting, and fighting. The adjustment board found the detainee guilty and imposed disciplinary sanctions. The injury to the staff member was not serious. The detainee was not criminally charged and received administrative discipline via the detainee disciplinary process.

June 2, 2011: A male non-ICE detainee was being disruptive and staff exercised physical restraint to gain control of the subject. The detainee was charged with assault for incidental contact during the use of force. There were no staff injuries reported as a result of the assault. The detainee was not criminally charged and received administrative discipline via the detainee disciplinary process.

June 16, 2011: A male non-ICE detainee was ordered to surrender his ID card by an officer. The detainee threw his ID at the officer hitting him in the chest. There was no injury reported. The detainee was not criminally charged and received administrative discipline via the detainee disciplinary process.

September 29, 2011: A non-ICE male detainee was involved in a possible fight with another non-ICE detainee. An officer attempted to remove the first detainee from the scene (dietary) to send him back to the unit. The officer noticed initials in the detainee's haircut and ordered him to remove the initials. The detainee became violent and charged the officer. The officer restrained the detainee and another staff member assisted in cuffing and securing the subject. No injuries were reported. The detainee was not criminally charged and received administrative discipline via the detainee disciplinary process.

The facility reports 11 escapes this past reporting period. A review of incident reports and interviews with staff reflect that none of the cases involved escape from secure confinement or escort. All cases were related to the community correctional component of the facility and involved late returns from unescorted day furloughs or failure to report in a timely manner. Given this broad definition of escape, a case by case description of each occurrence is not relevant to this review process. Records and reports provided show that there have been no escapes from the secure perimeter of the facility or escorted transport during this past reporting period. ICE detainees would not be part of the community correctional component of the facility.

There were two detainee deaths reported by the facility during this past reporting period. It should be noted that as each of these deaths involved non-ICE detainees, a review of respective medical files could not be conducted. A brief narrative account follows:

A 51 year old white male (non-ICE detainee), admitted to the facility on November 19, 2010, with no prior history, was found hanging in his cell on November 23, 2010. He was cut down and resuscitation attempts were begun. Emergency Medical Services arrived, assumed care of the detainee and transported him to Denver Health Medical Center, where he was later pronounced dead.

A 53 year old Hispanic male (non-ICE detainee) was pronounced dead at Denver Health Medical Center on September 16, 2011. He had a history of hepatitis C, alcohol abuse, anemia, cirrhosis of the liver, portal hypertension and upper gastro-intestinal (GI) bleed. Shortly before his death he had been admitted to the hospital after a GI bleed, and was treated and released back to the facility. He was returned to the hospital after suffering another bleed and died there.

With regard to special issues for ICE the following is submitted:

(b)(7)(E)	The facility issues	(b)(7)(e)	to staff.	Policy and procedure guide	(b)(7)(e)	There
is no prohibition regarding use of b)(7)(6	on ICE detainees.		1	L		

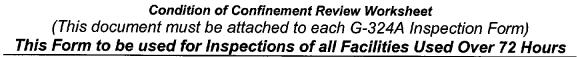


Detention Facility Inspection Form Facilities Used Over 72 hours

Canine: The Sheriff's office maintains a canine unit and uses it routinely for searches of detainee living and activity areas. While there is no specific prohibition of using the canine unit in proximity to ICE detainees; all detainees are removed from an area prior to introduction of the canine unit.

 $\boxtimes$ 

Local Jail - IGSA





# ICE Detention Standards Review Worksheet

State Facility – IGSA
☐ ICE Contract Detention Facility
·
Name
Denver County Jail
Address (Street and Name)
10500 East Smith Road
City, State and Zip Code
Denver, CO 80201
County
Denver
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)(c) <i>Chief</i>
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(c) Lead Compliance Inspector
Date[s] of Review
From October 11 to 13, 2011
Type of Review
☐ Headquarters           ☐ Operational           ☐ Special Assessment           ☐ Other
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NOTE: FOR EACH STANDARD RATED BELOW ACCEPTABLE, FACILITIES MUST ATTACH A PLAN OF ACTION FOR BRINGING OPERATIONS INTO COMPLIANCE. EACH FACILITY SHOULD EXAMINE THE ENTIRE WORKSHEET TO IDENTIFY AREAS OF IMPROVEMENT, INCLUDING 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 facility is currently undergoing significant renovation and the main law library has been closed in the process. The facility provides computer terminals in each living area programmed with West Law.			
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.				The facility does not have all materials listed in Attachment A of this standard.			
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.				There is currently no general or law library at this facility. There is one computer terminal and one chair serving 40 to 60 detainees in each housing unit dayroom for access to legal materials.			
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	$\boxtimes$			While there is no designated law library, detainees have access to one computer terminal in each housing unit programmed with West Law during dayroom hours. The computers have word processing capabilities. Documents can be printed out in the living unit control areas.			
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.		⊠		The facility has been provided disks with which to program computer terminals with the LexisNexis program. Facility staff and the Immigration Enforcement Agent (IEA) assigned to the facility indicated technical difficulties have prevented the facility from programming the computers.			
Where provided, the Lexus Nexus library is updated and is current.				The LexisNexis programming disks provided have not been installed on the computer terminals due to technical difficulties.			
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.				Another county jail facility under jurisdiction of the Denver County Sheriff maintains legal reference materials that may be made available upon request. This inspector interviewed the Sergeant in charge of legal materials at the other facility via telephone.			
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	$\boxtimes$						
Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	$\boxtimes$			While there is no designated law library, detainees have access to a computer terminal within the housing unit dayroom programmed with West Law. Dayrooms are open from 8:00 AM until 9:00 PM daily except count time.			
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.	$\boxtimes$			Requests for specific legal material may be made to the Deputy Sheriff in charge of legal materials. Requests are processed in a timely manner.			

ACCESS TO LI	EGAL P	MATER	IALS			
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POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DE	<b>FAINEES</b>	ACCESS	TO A L	AW LIBRARY, AND PROVIDE LEGAL MATERIALS,		
FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THI	OPPOR	TUNITY	TO PREP.	ARE LEGAL DOCUMENTS.		
COMPONENTS	YES	No	NA	REMARKS		
Detainees are permitted to assist other detainees, voluntarily and						
free of charge, in researching and preparing legal documents,						
consistent with security.						
Illiterate or non-English-speaking detainees without legal		ļ <sub>—</sub> , .				
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	$\boxtimes$					
written request.						
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	$\boxtimes$					
legal materials are documented and reviewed routinely for lifting						
of sanctions.						
All denials of access to the law library fully documented.				There currently is no law library at this		
			$\boxtimes$	facility. There have been no denials of legal		
		_	E	materials to detainees within this past		
Facility staff informs ICE Management when a detainee or group				reporting period.		
of detainees is denied access to the law library or law materials.	$\boxtimes$					
Detainees who seek judicial relief on any matter are not subjected	<b>5</b> 7					
to reprisals, retaliation, or penalties.						
☐ ACCEPTABLE ☐ DEFICIENT		AT-RI	sk	⊠ REPEAT FINDING		
REMARKS:						
This inspector reviewed facility policy and procedure, reviewed the	ne detai	nee hand	lbook, ii	nterviewed facility staff, interviewed ICE		
staff, inspected living areas, and checked computer terminals desi	gnated t	for detai	nee use	within living areas. The facility law library		
has been closed indefinitely for extensive facility renovation. Con						
programmed with West Law. There is a provision to receive lega	ı materi	ais via v	vritten re	equest.		
The facility does not currently provide a designated law library for detainee use.						

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The facility does not provide legal materials identified within Attachment A of this standard. At the time of this inspection, computer

terminals available for detainee use were not programmed with the LexisNexis program.

(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 pro bono legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				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. A video is shown that covers all indicated areas with the exception of how to contact ICE and count procedures. The video is in English only. If an ICE detainee is admitted to the facility, ICE provides him or her with an ICE National Detainee Handbook and provides information on how to contact ICE. The facility also issues all detainees a local detainee handbook that is available in either English or Spanish.
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	$\boxtimes$			Medical staff conducts comprehensive intake medical screenings.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	$\boxtimes$			The classification process is inclusive of both criminal history and threat level.
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.				Based on observations and staff interviews, it was determined that all detainees received at the facility are strip searched regardless of reasonable suspicion. Strip searches are conducted by an officer of the same sex as the detainee.
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.				Strip searches occur on intake as a matter of routine and are not based on provisions of probable cause as specified within the ICE protocol on searches of detainee.
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.	$\boxtimes$			
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.	$\boxtimes$			Staff would submit an incident report if advised of lost or missing property. If the loss involved an ICE detainee, ICE will be notified. There have been no such incidents this past reporting period.

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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		
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				Detainees are issued socks and/or underwear if they have none of their own. Detainees are issued one jump suit. Issuance of bedding is acceptable.		
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	$\boxtimes$					
All releases are properly coordinated with ICE using a Form I-203.				This component is only applicable for SPCs and CDFs. There have been no ICE detainees housed at this facility in the past year. According to ICE staff, a Form I-203 is used to coordinate the release of an ICE detainee.		
Staff completes paperwork/forms for release as required.	$\boxtimes$					
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING		

ADMISSION AND RELEASE

### REMARKS:

Detainees received at this facility are first processed through another county detention facility in the City of Denver where they go through the booking process, are medically screened, and are classified for housing. Upon receipt at this facility, detainees are again medically screened by medical staff and their classification information is verified by a classification officer. The classification system used is a five-tier system based on objective criteria. The facility is deficient with regard to this standard due to the following concern:

All detainees received at the facility are strip searched as part of the admission process. Strip searches occur on intake as a matter of routine and are not based on provisions of probable cause as specified within the ICE protocol on searches of detainee. Strip searches are not conducted in a private area.

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

# **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	<u>(1. juli 1</u>		<u> </u>				
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.	$\boxtimes$			The facility has an objective classification system for determining threat levels of detainees.			
<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>							
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	$\boxtimes$			While there have been no ICE detainees booked within this past reporting period, ICE advises they will provide necessary documentation to assist the identification and classification process as required by the standard. It should be noted intake processing occurs at a separate facility in Denver prior to admission to this facility.			
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.				Policy, procedure, and staff interviews support compliance with this component.			
Housing assignments are based on classification-level.	$\boxtimes$						
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.	$\boxtimes$						
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	$\boxtimes$			Detainees may request reassessment of their classification level at any time via written request to the classification officer.			
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.	$\boxtimes$			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 classification officers review detainee requests regarding classification appeals and have the authority to reduce classification levels in a manner consistent with the classification plan.			
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 officers review requests upon receipt and generally respond on the same day. The facility does not track timeframes with regard to such requests.			
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				This component is only applicable for SPCs and CDFs. Detainees may appeal classification decisions to the highest ranking detention official (Director of Corrections).			
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.		$\boxtimes$		The detainee handbook does not contain information regarding conditions and restrictions of each classification level.			
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			WHICH ICE DETAINEES ARE CLASSIFIED. THE
CLASSIFICATION SYSTEM WILL ENSURE TH DETAINEES IN OTHER CATEGORIES	AT EACH DETAINEE	IS PLACED IN THE APPROPR	IATE CATEGORY, PHYSICALLY SEPARATED FROM
COMPONENTS		YES NO NA	REMARKS
<b>⊠</b> ACCEPTABLE	DEFICIENT	AT-RISK	REPEAT FINDING

### REMARKS:

The facility has a classification plan that relies on objective information to assign classification levels to detainees. Initial classification is conducted at a separate detention facility in the City of Denver that is part of the county jail system. Detainees identified for placement to this facility (Denver County Jail) are then transported here accordingly. Classification officers at this facility check the classification decision during the intake process. The facility classification process serves to keep detainees of different threat levels separate during housing, recreation, and work. Detainees may request a review of their reclassification for possible reduction via written request.

The detainee handbook does not contain information regarding conditions and restrictions of each classification level.

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# CORRESPONDENCE AND OTHER MAIL

**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.

THE SAME LIMITATIONS. LACH FACILITY WILL WIDELT DISTRIBUTI	C 113 GU	DELINES	CONCE	KNING COKKESPONDENCE AND OTHER 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.	$\boxtimes$			The portion of this component requiring correspondence rules to be posted in the housing unit or common area is specific to SPCs and CDFs. Correspondence rules are not posted in living units or other common areas. Correspondence rules are provided to each detainee via a detainee handbook.
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.	$\boxtimes$			
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).		$\boxtimes$		Written facility policy allows 48 hours for delivery of outgoing mail to the postal service.
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 Chief Administrative Officer of the facility (Director of Corrections) has issued policy and procedure authorizing inspection of incoming mail without the detainee present. The authorization is based on prevailing security reasons specified within the procedure.
Staff does not read incoming general correspondence without the Warden's prior written approval.				This component is only applicable for SPCs and CDFs. All incoming correspondence is subject to being read as authorized within facility policy and procedure.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				Special correspondence is opened only in the presence of the detainee.
Staff is prohibited from reading or copying incoming special correspondence.	$\boxtimes$			
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.				Outgoing mail is not inspected absent security concerns and only as authorized by a higher authority.
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	$\boxtimes$			
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. Written notice is documented on a three-part form. One copy filed, one copy is sent to the sender, and the third copy is sent to the addressee.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	$\boxtimes$			
Staff maintains a written record of every item removed from detainee mail.				

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AND R	ECEIVE	CORRES	PONDENCE 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							
	DELINES	CONCE	RNING CORRESPONDENCE AND OTHER MAIL.				
YES	No	NA	REMARKS				
_							
$\bowtie$		Ш					
<b>5</b> 4		_					
$\boxtimes$							
<del></del>			W/1 /1 /1 /1 / C				
			While there have been no instances of				
			receiving identity documents during the past				
$\boxtimes$			reporting period, interviews with facility staff				
			and ICE staff support compliance with this				
			component.				
			ICE would provide a copy of the identity				
$\bowtie$			document upon request.				
			document apon request.				
$\square$							
-							
			All outgoing legal mail is sent at county				
			expense.				
			-				
			Datainaga may sand an unlimited number of				
$\boxtimes$			Detainees may send an unlimited number of mailings if they bear the expense.				
			mannigs if they bear the expense.				
	] AT-R	ISK	REPEAT FINDING				
REMARKS:  This inspector reviewed facility policy and procedure, inspected the mail room, interviewed the mail room officer, and reviewed forms utilized to process detainee mail. The facility demonstrates an acceptable level of compliance with this standard and is rated accordingly.  Facility policy and procedure allows 48 hours for delivery of outgoing mail to the postal service, rather than 24 hours stipulated in the detention standard.  (b)(6), (b)(7)(c) / Octobe  AUDITOR'S SIGNATURE / I							
	AND ROPERATE ITS GUI YES  AND ROPERATE ITS GUI YES  AND ROPERATE ITS GUI THE I	AND RECEIVE OPERATION OF THE HYS GUIDELINES  YES NO	OPERATION OF THE FACILIE IT'S GUIDELINES CONCE  YES NO NA				

### **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 HANDROOK LIBON ADMISSION TO THE FACILITY

WILL RECEIVE ACCULATION THIS HANDBOOK OF ON ADMISSION TO IL				
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 facility handbook is written in English and translated into Spanish. Both renditions of the handbook were reviewed during the inspection.
The handbook is supplemented by the facility orientation video, where one is provided.	$\boxtimes$			The handbook is supplemented by an orientation video which is available in English.
All staff members receive a handbook and training regarding the handbook contents.				Facility staff receives training on the handbook during pre-service training. A copy of the handbook is available to staff at each post.
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				The handbook is currently under revision as new policies and procedures are being promulgated to address the opening and operation of the new jail downtown.
There an annual review of the handbook by a designated committee or staff member.				The handbook has not been reviewed annually.
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.	$\boxtimes$			
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.		$\boxtimes$		Levels of classification are not explained in the handbook nor are the processes for the appeal of a detainee's classification.
The handbook states when a medical examination will be conducted.		M		The handbook does not address when a medical examination will be conducted.
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.	$\boxtimes$			
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 does not address clothing exchange schedules or procedures for washing and drying clothes on the housing unit.
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.				
The handbook describes barber hours and hair cutting restrictions.	$\boxtimes$			Barbering guidelines are addressed in the medical section of the handbook.
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.	×			
The handbook addresses religious programming.				
The handbook states times and procedures for commissary or vending machine usage, where available.	$\boxtimes$			

# 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.

WILD RECEIVE A COLL OF THIS HEAT DECORATION ADMISSION TO TE		LI L.		
COMPONENTS	YES	No	NA	REMARKS
The handbook describes the detainee voluntary work program.				All detainees capable of working are required to work by Colorado statutes. This requirement is addressed in the handbook; however, the detainee volunteer work program is not further described in the handbook.
The handbook describes the library location and hours of operation, and law library procedures and schedules.		$\boxtimes$		The library has been closed for renovation. Procedures for obtaining reading and legal materials are not described in the detainee handbook.
The handbook describes attorney and regular visitation hours, policies, and procedures.				Attorney and regular visitation hours are described in detail in the handbook.
The handbook describes the facility contraband policy.	$\boxtimes$			
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.	$\boxtimes$			Attorney and regular visitation hours are described in detail in the handbook.
The handbook describes the correspondence policy and procedures.				The correspondence policy and procedure for the facility is described in detail in the handbook.
The handbook describes the detainee disciplinary policy and procedures, including:  • Prohibited acts and severity scale sanctions;  • Time limits in the Disciplinary Process; and  • Summary of the Disciplinary Process.				The handbook describes the disciplinary policy and procedures as well as the detainee's rights and responsibilities in detail.
<ul> <li>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> </li> <li>The appeals process;</li> <li>In CDF facilities: procedures for filing an appeal of a grievance with ICE.</li> <li>Staff/detainee availability to help during the grievance process.</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul>		$\boxtimes$		The handbook does not address a guarantee against staff retaliation against a detainee for filing a grievance nor does it provide direction to the detainee on how to file a complaint about officer misconduct with the Department of Homeland Security.
The detainee handbook describes the medical sick call procedures for general population and segregation.				Medical sick call procedures are clearly described in the handbook.
<ul> <li>The handbook describes the facility recreation policy including:</li> <li>Outdoor recreation hours.</li> <li>Indoor recreation hours.</li> </ul>				The facility's policy for indoor and outdoor recreation is addressed in the handbook.
The handbook describes the detainee dress code for daily living; and work assignments.				The detainee dress code is described in the handbook.
The handbook specifies the rights and responsibilities of all detainees.				Rights and responsibilities of detainees are clearly described in the handbook.
<b>△</b> ACCEPTABLE  □ DEFICIENT		AT-R	ISK	REPEAT FINDING

### REMARKS:

Facility staff state the handbook is currently under revision. The current handbook addresses most of the topics required by the standard but still needs to be revised to address additional topics.

The handbook is not reviewed annually as required. Staff report the last revision of the handbook was completed approximately five years ago.

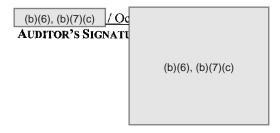
The handbook does not address each classification level nor does it address when medical evaluations will be conducted.

The handbook does not address clothing exchange schedules or the use of washing machines and dryers on the housing units.

The detainee volunteer work program is not addressed in the handbook.

The location of the library, hours of operation of the library and the law library procedures are not addressed.

The grievance section of the library does not address a guarantee against staff retaliation against a detainee for filing a grievance nor does it provide direction to the detainee on how to file a complaint about officer misconduct with the Department of Homeland Security.



	D SERV	/ICE		
<b>POLICY:</b> EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH HIGHEST SANITARY STANDARDS.	/ITH NUT	TRITIOUS	AND AF	PETIZING MEALS, PREPARED IN ACCORDANCE WITH
COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a <u>professionally trained</u> 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 Acting Food Service Manager (FSM) and the Food Service Supervisor are both ServSafe certified. The responsibilities of food service personnel are in writing and the FSM determines the responsibilities of food service personnel.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.				This component is only applicable for SPCs and CDFs. The Food Service Supervisor is on duty when the FSM is off 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	$\boxtimes$			
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.				Knife and kitchen tool cabinets are maintained in several areas of the food service operation. Each cabinet is locked and items in the cabinet are maintained on a shadow board. The keys are maintained under the control of the on-duty supervisor.
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. When not securely stored, knives are secured to a workstation and used under the direct supervision of staff. The condition of all knives and other kitchen utensils maintained in the locked cabinets is monitored by food service personnel.
When necessary, special procedures govern the handling of food items that pose a security threat.	$\boxtimes$			Food items which pose a security threat, such as yeast, are not maintained in pure form in the food service area.
Operating procedures include daily searches (shakedowns) of detainee work areas.				Food service personnel conduct a daily walk-through of the food service areas daily.
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.			$\boxtimes$	Correctional officers are responsible for all counts of non-ICE detainees working in the food service program.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	$\boxtimes$			Observation of the non-ICE detainees working in the food service program indicates they are groomed and clothed appropriately.
The FSA annually reviews detainee-volunteer job descriptions to	N 2			

 $\boxtimes$ 

 $\boxtimes$ 

ensure they are accurate and up-to-date.

department.

The Cook Foreman or equivalent instructs newly assigned

detainee workers in the rules and procedures of the food service

The instruction of newly assigned non-ICE

detainee workers in the rules and procedures

of the food service operation is documented.

# FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH

THE MOHEST SANTAKT STANDARDS.	F 22 1 1		· · · · · · · · · · · · · · · · · · ·	
COMPONENTS	YES	No	NA	REMARKS
During orientation and training session(s), the CS explains and demonstrates:  • Safe work practices and methods;  • Safety features of individual products/pieces of equipment; and  • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.	$\boxtimes$			The elements of this component are met in the training program provided to non-ICE detainees working in the food service operation. The training is provided and documented by the Food Service Supervisor.
The Cook Supervisor documents all training in individual detainee detention files.				A master file of all training provided to non-ICE detainee workers is maintained in the food service area. These documents are not filed in the detainee's individual detention file.
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. By Colorado Statute, all jail inmates are required to work while in custody. Detainee workers are not paid 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.	$\boxtimes$			
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			$\boxtimes$	This facility does not utilize cafeteria-style serving.
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 utilizes a standard 28-day menu cycle.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).				The 28-day menu includes such items as burritos, green chilies, casseroles and goulash to meet the need for ethnic diversity.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.				The 28-day menu is approved by a certified dietitian. The credentials of the dietitian were reviewed during the inspection.
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				All master-cycle menu items are prepared in compliance with master recipes. Food service supervisors provide direct supervision of the preparation of all meals to ensure the preparations follow the recipe.
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 Supervisor or equivalent" as having this authority. The food service supervisor has the authority to change a menu item if it is necessary. If a change is made it is documented with the documentation forwarded to the FSM.
All staff and volunteers know and adhere to written "food preparation" procedures.	×			All master-cycle menu items are prepared in compliance with master recipes. Food service supervisors provide direct supervision over the preparation of all meals to ensure the preparations follow the recipe.
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$			

# 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
A common-fare menu available to detainees whose dietary				
requirements cannot be met on the main line.				Common-fare meals are prepared as needed.
Changes to the planned common-fare menu can be  made at the facility level.				Hot entrees are offered daily. The common-
made at the facility level;		}		fare menu meets the nutritional recommended
<ul> <li>Hot entrees are offered three times a week;</li> <li>The common-fare menus satisfy nutritional</li> </ul>				daily allowances and hot water is routinely
<ul> <li>The common-fare menus satisfy nutritional recommended daily allowances (RDAs);</li> </ul>			_	provided on the housing units. Common-fare meals are served on disposable plates and
Staff routinely provide hot water for instant beverages			disposable utensils are also used. Separate	
and foods;				cutting boards, knives, spoons, scoops, etc.
O Common-fare meals are served with:				are used to prepare common-fare diet items.
<ul> <li>Disposable plates and utensils.</li> </ul>				Kosher diets are provided in pre-packaged
<ul> <li>Reusable plates and utensils.</li> </ul>				meals and served with disposable plates and
Staff use separate cutting boards, knives, spoons,				utensils.
scoops, etc., to prepare the common-fare diet items.				
A supervisor at the command level must approve a detainee's	$\boxtimes$			
removal from the Common-Fare Program.	_			·
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial	$\boxtimes$			
meals for the following calendar year.		$\sqcup$		
The common-fare program accommodates detainees abstaining				
from particular foods or fasting for religious purposes at				The food service program recognizes the
prescribed times of the year.				importance of a detainee abstaining from
Muslims fasting during Ramadan receive their meals				particular foods and fasting for religious
after sundown.	$\boxtimes$			purposes at prescribed times of the year. The
Jews who observe Passover but do not participate in the				elements of this component are met as
Common-Fare Program receive the same Kosher-for-				required. It should be noted that other
Passover meals as those who do participate.				special meals would be recognized also, if
Main-line offerings include one meatless meal (lunch or dinner) on Ash Wadnesday and Fridays during Lond				requested by the detainee.
or dinner) on Ash Wednesday and Fridays during Lent.  The food service program addresses medical diets.	$\Box$			
		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.				
All meals are provided in nutritionally adequate portions.				
Food is not used to punish or reward detainees based upon				
behavior.	$\boxtimes$	Ш	Ш	
The food service staff instructs detainee volunteers on:	,			Food service personnel instruct non-ICE
<ul> <li>Personal cleanliness and hygiene;</li> </ul>				detainees in the proper techniques for
• Sanitary techniques for preparing, storing, and serving				preparing, storing and serving food, as well
food; and		_		as the sanitary operation, care and
• The sanitary operation, care, and maintenance of				maintenance of equipment. Personal
equipment.				observation of non-ICE detainee workers in the food service operation indicates the
				detainees are clean and practice good
		'		hygiene.
Everyone working in the food service department complies with			П	
food safety and sanitation requirements.	$\boxtimes$			
Standard operating procedures include weekly inspections of all				The FSM conducts weekly and monthly
food service areas, including dining and food-preparation areas				inspections of all food service areas. The
and equipment.				Food Service Supervisor conducts daily
Who conducts the inspections?			<u> </u>	inspections of all food service areas.
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FOOD SERVICE							
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH							
THE HIGHEST SANITARY STANDARDS.		<u> </u>					
COMPONENTS	YES	No	NA	REMARKS			
Equipment is inspected for compliance with health and safety codes and regulations.  • When was the most recent inspection?  • Which agency conducted the inspection?	$\boxtimes$			The food service operation is inspected by the Denver Department of Environmental Health for compliance with health and safety codes and regulations. The last inspection was conducted September 20, 2011.			
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	$\boxtimes$						
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.				Temperature checks of dishwashing machines are made and documented after each use of the machines.			
Staff documents the results of every refrigerator/freezer temperature check.				Refrigerator and freezer temperature checks are made and documented as required.			
The cleaning schedule for each food service area is conspicuously posted.	$\boxtimes$			Cleaning schedules for all areas of the food service operation are conspicuously posted.			
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.				Documentation of the inspection of incoming food shipments was reviewed during the inspection. All incoming food shipments are inspected as required.			
Storage areas are locked when not in use.				Storage areas were observed to be locked when not in use during the inspection.			
	☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK			REPEAT FINDING			
Description							

#### REMARKS:

The food service operation of this facility utilizes the Hazard Analysis and Critical Control Point (HACPP) system. This is a management system in which food safety is addressed through the analysis and control of biological, chemical and physical hazards. This system requires an increased amount of documentation in all areas of the food service environment. Records of temperature checks of food, dishwashing machines, freezers and refrigerators are maintained at a level which far exceeds the requirements of this standard.

The training records of non-ICE detainee workers in the food service area are not maintained in the detainee's individual detention file as required.

Food service personnel do not oversee or participate in counts of detainee workers in the food service operation.

It should be noted that non-ICE detainee workers in the food service operation can acquire their ServSafe certification.

During the inspection, the food service operation at this facility was extremely well organized and clean.

(b)(6), (b)(7)(c)
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#### FUNDS AND PERSONAL PROPERTY

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE. COMPONENTS YES No REMARKS Detainee funds and valuables are properly separated, stored, and Facility policy 4840.1 addresses the facility's  $\boxtimes$ П are accessible only by designated supervisor(s). property procedures. Detainees' large valuables are secured in a location accessible to Facility policy 4840.1 addresses secure designated supervisor(s) or processing staff only.  $\boxtimes$ storage of large valuable property of detainees. Staff itemizes the baggage and personal property of arriving Baggage and personal property of detainees detainees (including funds and valuables). For IGSAs and is itemized and inventoried upon arrival at X CDFs, using a personal property inventory form that meets the the facility. The forms used by the facility ICE standard? meets the ICE standard. Staff forwards an arriving detainee's medication to the medical Medical staff takes control of an arriving detainee's medication. The medication is staff.  $\boxtimes$ identified and date verified. Medication not immediately needed is stored with the detainee's property. Audits of baggage and non-valuable property occur each quarter This component is only applicable for SPCs and audits are logged and verified. and CDFs. Audits of baggage and non-П  $\bowtie$ П valuable property are not conducted quarterly. This component is only applicable for SPCs (b)(7)(e) fficers are present during the processing of detainee funds and valuables during in-processing to the facility.(b)(7)(e)officers and CDFs(b)(7)(e)fficer accounts for a  $\Box$  $\boxtimes$ verify funds and valuables. detainee's funds and valuables during the intake process. Staff searches arriving detainees and their personal property for This component is only applicable for SPCs contraband. and CDFs. Detainees and their personal  $\boxtimes$ property are searched for contraband upon arrival. Staff procedures follow written policy for returning forgotten Facility policy 3470.1A addresses the process X П property to detainees. for returning forgotten property to detainees. Property discrepancies are immediately reported to the CDEO or This component is only applicable for SPCs Chief of Security. and CDFs. Property discrepancies are  $\boxtimes$ forwarded to Internal Affairs for investigation. Staff follows written procedures when returning property to Facility policy 4840.1 includes written  $\boxtimes$ П procedures for returning property to detainees. detainees. CDF/IGSA facility procedures for handling detainee property X П П claims are similar with the ICE standard. The facility attempts to notify an out-processed detainee that he/she left property in the facility: By sending written notice to the detainee's last known This component is only applicable for SPCs address: and CDFs. Facility policy 3470.1A  $\Box$  $\boxtimes$ П Via certified mail; and addresses all bulleted items identified in this component. The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.

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FUNDS AND PERSONAL PROPERTY						
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.						
STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.						
COMPONENTS	YES	No	NA	REMARKS		
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. Facility policy does not address how abandoned property of ICE detainees will be promptly forwarded to ICE.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING				REPEAT FINDING		

### REMARKS:

This inspector reviewed facility policies which address the inventory and storage of detainee property. The storage area was inspected and found to be adequate.

The facility has not yet established and adopted the policy requiring prompt forwarding of an ICE detainee's abandoned property to ICE. Disposal of non-ICE detainee abandoned and/or forgotten property is covered in detail in facility policy 3470.1A. Detainee property is itemized, inventoried, accounted for and stored appropriately.

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AUDITOR'S SIGN	NATUR	
•	(b)(6), (b)(7)(c)	

### **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 TOLERATED.			1	
COMPONENTS	YES	No	NA	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory).  • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.				The facility grievance procedure encourages detainees to informally address their grievances with the housing officer. The facility utilizes a direct supervision model; therefore, the housing officer is in the housing area at all times and in the best position to resolve most detainee grievances.
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.  • Detainees may seek help from other detainees or facility staff when preparing a grievance.  • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.				If the informal resolution process does not satisfy the grievant's complaint, a written grievance may be filed with the building officer or a Sergeant or place the grievance in the grievance box. Grievances may also be placed in a sealed envelope and forwarded to the Operations Commander. Grievances may be appealed to the Division Chief, as well as the Director of Corrections. Detainees may enlist the help of other detainees or staff when preparing a grievance. Assistance is provided to detainees who may need help due to being illiterate, disabled or non-English speaking.
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				Staff is trained to react immediately to grievances determined to be emergencies.  These grievances are forwarded to the Shift Sergeant.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.				A review of the grievance log did not indicate any documented cases of staff harassing, disciplining, penalizing or otherwise retaliating against a 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. A detailed grievance log is maintained by the facility. Nuisance complaints are identified in the log. The process for handling nuisance complaints is detailed in the facility handbook.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				All grievances that include allegations of officer misconduct are forwarded to the Operations Commander. Staff report that any grievance filed by an ICE detainee alleging officer misconduct would be immediately forwarded to ICE.
ACCEPTABLE DEFICIENT	[	AT-R	usk	REPEAT FINDING

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ICE 2012 FOIA03030.016282

### REMARKS:

This inspector reviewed the facility grievance policy and the section of the handbook which addresses the facility grievance policy. The facility grievance log was also reviewed. The facility grievance policy encourages the informal resolution of grievances but also allows grievances to be appealed to higher authorities within the chain of command. At the time of the inspection there were no ICE detainees housed in the facility, and none have been housed during the past year.

(b)(6), (b)(7)(c) / October 13 AUDITOR'S SIGNATURE / DAY (b)(6), (b)(7)(c)

GROUP				

**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.

VERALL AND CONTINUE ON WITH NEXT PORTION OF WORK		N/ A	NT.A.		Dane
Components The Field Office is responsive to requests by attorneys as	YES	No	NA	<u> </u>	REMARKS
accredited representatives for group presentations.	<sup>16</sup>   $\square$				
Jpon receipt of concurrence by the Field Office Director, the					
facility or authorized ICE Field Office ensures timely and prop					
notification to attorneys or accredited representatives.					
The facility follows policy and procedure when rejecting	25		-		
requesting modifications to objectionable material provided					
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 ar					
accessible.	~   □	''			
Documentation is submitted and maintained when any detainee	is				
denied permission to attend a presentation and the reason(s) f					
the denial.	~   '				
When the number of detainees allowed to attend a presentation	is				
limited, the facility provides a sufficient number of presentation		ΙП			
so that all detainees signed up may attend.		_	-		
Detainees in segregation, unable to attend for security reason	ıs,				
may request separate sessions with presenters. Such requests a	· 1				
documented.	-		—		
Interpreters are admitted when necessary to assist attorneys as	nd 🗂				
other legal representatives.		⊔			
Presenters are afforded a minimum of one hour to make the	1e 🖂				
presentation and to conduct a question-and-answer session.		🗀	🗀		
Staff permits presenters to distribute ICE-approved materials					-
Presenters are permitted to meet with small groups of detaine					
to discuss their cases after the group presentation. ICE	or 🗀	l —	l —		
authorized detention staff is present but do not monit	or   $\square$	凵			
conversations with legal providers.		-			
Group presenters who have had their privileges suspended a	re				
notified in writing by the Field Office Director or designee; ar					
the reasons for suspension are documented. The Headquarte					
Office for Detention and Removal, Field Operations ar	м	🗀			
Detention management Division, is notified when a group	or				
individual is suspended from making presentations.		L			
The facility plays ICE-approved videotaped presentations of		l			
legal rights at regular opportunities, at the request of outside	ile 📗	🗀			
organizations.			<b></b>		
A copy of the Group Legal Rights Presentation policy, including	<sup>rg</sup>				
attachments, is available to detainees upon request					
□ ACCEPTABLE     □ DEFICIENT	ŗ	AT-R	usk	RE	PEAT FINDING

REMARKS: There have been no requests for gr	oun legal rights descentations	1	
(b)(6), (b)(7)(c) / October 13, 20			
AUDITOR'S SIGNATURE / DATE	(b)(6), (b)(7)(c)		
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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	
<ul> <li>The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.</li> <li>The supply of these items exceeds the minimum required for the number of detainees.</li> </ul>	$\boxtimes$			The facility has a policy for the regular issuance and exchange of clothing, bedding, linens and towels. The supply of these items on hand exceeds the minimum number required for the number of detainees served.	
<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>	$\boxtimes$			The bulleted items in this component are specific to SPCs and CDFs. The facility issues clean, temperature-appropriate, presentable clothing to detainees upon booking. The facility does not issue socks or underwear unless the detainee does not have these items when booking and change out occurs. The facility also does not issue 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. Detainees are issued everything identified in this component except a pillowcase. A pillow is made into the mattress. Additional blankets are issued as needed.	
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	$\boxtimes$				
Detainees are provided clean clothing, linen and towels.  Socks and undergarments - exchanged daily.  Outer garments - twice weekly.  Sheets - weekly.  Towels - weekly.  Pillowcases - weekly.				Clean socks and undergarments are not provided to detainees daily. Pillowcases are not issued. A pillow is made into the mattress.	
Food service detainee volunteer workers are permitted to exchange outer garments daily.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Food service detainee workers are provided clean clothes daily upon reporting to work.	
Volunteer detainee workers are permitted to exchange outer garments more frequently.			×	This component is only applicable for SPCs and CDFs. Volunteer detainee workers are permitted to exchange outer garments on an as-needed basis depending upon their work assignment.	
<b>△</b> ACCEPTABLE  □ DEFICIENT	AT-RISK REPEAT FINDING				

The facility handbook addresses the issuance of clothing, bedding and towels. New detainees are issued the required clean clothing and bedding. Detainees are issued two sets of outer garments which allow for exchange twice weekly as required. Sheets and towels are exchanged weekly. Detainees are issued long johns during periods of cold weather and additional blankets may be requested as needed.

The facility does not issue clean underwear and socks daily; although, washing machines and dryers are available on each housing unit and can be used by detainees daily to wash these items if they desire. Indigent detainees are supplied a minimal amount of tokens for washing their undergarments, if they desire to do so.

(b)(6), (b)(7)(c) / October 1 AUDITOR'S SIGNATURE / D. (b)(6), (b)(7)(c)

MARRIAGE REQUESTS					
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POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CAS	E-BY-CA	SE CONS	SIDERAT	ION FROM ICE MANAGEMENT.	
COMPONENTS	YES	No	NA	REMARKS	
The Field Office considers detainee marriage requests on a case-				ICE staff reports marriage request are	
by-case basis.				considered on a case-by-case basis by the	
				Field Office Director.	
The Field Office Director reviews every marriage request		_	l	All marriage request submitted by an ICE	
rejected by a Warden/OIC or IGSA. Rejections are documented.	$\boxtimes$			detainee at this facility will be forwarded to	
				ICE for processing and approval.	
It is standard practice to require a written request for permission	$\boxtimes$			To be considered, a marriage request must be	
to marry.				submitted in writing.	
The written request includes a signed statement or comparable			!	To be considered, a marriage request must be	
documentation from the intended spouse, confirming marital	K2	l	l	submitted in writing and accompanied by a	
intent.	$\boxtimes$			signed statement or comparable document	
				from the intended spouse indicating their intent to be married to the detainee.	
The Warden/OIC provides a written copy of his/her decision to			<u> </u>	The detainee would receive a copy of the	
the detainee and his/her legal representative.	$\boxtimes$	П	П	decision regarding the marriage request from	
the detailies and marker legal representative.			╽╙	ICE staff.	
When permission is denied, the Warden/OIC states the basis for			<u> </u>	The detainee would receive a copy of the	
his/her decision.				decision regarding the marriage request from	
, <del></del>			ΙП	ICE staff. If the request is denied, the	
				detainee would be advised in writing of the	
				basis of the denial.	
The Warden/OIC provides the detainee with a place and time to				Facility staff reports a place for the wedding	
make wedding arrangements.				and the time to make wedding arrangements	
		🖳	▎╚	would be provided to the detainee if the	
A think and the control of the control of the				request to marry is granted by ICE.	
ACCEPTABLE DEFICIENT		] AT-R	ISK	REPEAT FINDING	
REMARKS:					
Facility staff and ICE staff exhibited an understanding of the pro					
detainee marriage would rest with ICE and the facility would for			-	to ICE for processing. It is important to note	
the facility has not held any ICE detainees as of yet, and this situ	ation ha	as not oc	curred.		

(b)(6), (b)(7)(c) / October
AUDITOR'S SIGNATURE / D

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

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-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE							
FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE	CASE.	·		<u> </u>			
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							
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 two 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: According to interviews with facility staff and ICE staff, any approved transport for non-medical emergency trips would be coordinated and arranged by ICE personnel.  (b)(6), (b)(7)(c) / October 13.  AUDITOR'S SIGNATURE / DAT  (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.	$\boxtimes$			Dayroom and outdoor recreation opportunities are available to detainees in the 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. The facility does not employ a recreation specialist. Correctional officers supervise recreation activities.		
Regular maintenance keeps recreational facilities and equipment in good condition.						
The recreational specialist or trained equivalent supervises detainee recreation workers.						
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and specialneeds detainees.	$\boxtimes$			Correctional officers supervise recreational activities of detainees in the special housing units/status.		
Dayrooms offer sedentary activities, e.g., board games, cards, television.				Sedentary games are available in housing area dayrooms.		
Outside activities are restricted to limited-contact sports.	M			· <del>··</del>		
Each detainee has the opportunity to participate in daily recreation.				Each detainee has a minimum of one hour out of cell time each day. Some housing in the facility is open bay allowing detainees opportunities for dayroom activities all day long.		
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	$\boxtimes$					
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.	$\boxtimes$			Officers assigned to recreation provide constant supervision of detainees.		
Supervising staff is equipped with radios.	$\boxtimes$			All staff is equipped with radios.		
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	$\boxtimes$			Facility policy indicates detainees in SHU are allowed one hour of outdoor recreation time five times per week, contingent upon weather conditions.		
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.						
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. Volunteers at the facility are required to complete a background investigation and sign a waiver of liability before being allowed to enter the facility.		
Visitors, relatives or friends are not allowed to serve as volunteers.				This component is only applicable for SPCs and CDFs. Visitors, relatives and friends of detainees are not allowed to serve as volunteers at the facility.		
If outdoor recreation is offered, check this box. No further information is required when outdoor recreation is offered.						

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COMPONENTS	YES	No	NA	REMARKS
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.				
Case officers make written transfer recommendations about every six-month detainee to the OIC.				
The OIC documents all detainee-transfer decisions, whether yes or no.				
The detainee's written decision for or against an offered transfer documented in his/her A-file.				
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 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.				
The detainee's legal representative is notified of the detainee's/OIC's decision.				
ACCEPTABLE DEFICIENT		AT-R	lisk	REPEAT FINDING

allow the detainees to go outdoors. Female ICE detainees would be escorted to an outdoor recreation area. All detainees in the facility have access to recreation in the dayrooms of the housing areas a minimum of one hour per day, seven days a week.

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RELIGIO						
POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS	WITH RE	ASONAB	LE AND URITY. 1	EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE THE ORDERLY OPERATIONS OF THE FACILITY AND		
BUDGETARY CONSIDERATIONS.			*			
COMPONENTS  Detainees are allowed to engage in religious services.	YES 🖂	No	NA 🗆	REMARKS  Facility policy 4910.1C provides guidance for the detainee's access to religious services. Detainees are allowed and encouraged to participate in religious services while in the facility.		
Space is available for detainees to conduct religious services.						
The facility allows detainees to observe the major "holy days" of their religious faith.  • List any exceptions.				The facility allows and encourages detainees to participate in the observation of the major holy day celebrations of their religious faith. No exceptions were noted. Facility staff reports an exception would only be made if the celebration interfered with facility safety or security.		
The facility accommodates recognized holy-day observances by:  • Providing special meals, consistent with dietary restrictions;  • Honoring fasting requirements;  • Facilitating religious services; and  • Allowing activity restrictions.				This component is only applicable for SPCs and CDFs. Facility policy recognizes the holy day observances listed in this component as well as others when appropriate.		
Each detainee is allowed religious items in his/her immediate possession.				Detainees may have religious items in their possession.		
Volunteer's credentials are checked and verified before allowing participation in detainee programs.				Facility policy requires the credentials of all volunteers to be checked and verified prior to having access to the facility.		
Members of faiths not represented by clergy may conduct their own services within security allowances.				Detainees may not conduct group services but may conduct individual services.		
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.						
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING		
REMARKS:  The facility allows and encourages detainees to participate in religious programming in the facility. The facility has a Chaplain who is responsible for providing all faiths the reasonable and equitable opportunity to participate in the practice of their faith. Detainees are allowed to practice their religious beliefs, which are limited only if the practice constitutes a threat to the safe and secure operation of the facility.  (b)(6), (b)(7)(c) / Oc  AUDITOR'S SIGNATI						

DETAINEE TELEPHONE ACCESS						
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT I		ES' REAS	SONABLI	E AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	YES	No	NA	REMARKS		
Detainees are allowed access to telephones during established facility waking hours.						
Upon admittance, detainees are made aware of the facility's telephone access policy.	$\boxtimes$			Detainees receive a copy of the detainee handbook which is inclusive of the facility's telephone policy.		
Access rules are posted in housing units.		$\boxtimes$		Access rules are not posted in any area accessible to detainees.		
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	$\boxtimes$					
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	$\boxtimes$					
Telephones are inspected regularly by facility staff to ensure that they are in good working order.	$\boxtimes$					
The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.						
The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	$\boxtimes$					
Detainees are afforded a <i>reasonable degree of privacy</i> for legal phone calls.	$\boxtimes$					
A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$					
The facility provides the detainees with the ability to make non-collect (special access) calls.						
Special Access calls are at no charge to the detainees.	$\boxtimes$					
The OIG phone number for reporting abuse is programmed into the detainee phone system and the phone number was checked by the inspector during the review.	$\boxtimes$					
In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.				The phone number of the Office of Inspector General (OIG) is programmed into the facilities' detainee phone system.		
No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	$\boxtimes$					
Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	$\boxtimes$					
Any telephone restrictions are documented.	$\boxtimes$			There have been no restrictions this past reporting period; however, documentation of restrictions is required at this facility.		
The facility has a system for taking and delivering emergency detainee telephone messages.	$\boxtimes$					
Emergency phone call messages are immediately given to detainees.				The facility Chaplain will personally relay emergency messages to detainees. The Shift Commander will relay such information in the absence of the Chaplain.		
Detainees are allowed to return emergency phone calls as soon as possible.						

DETAINEE TELEPHONE ACCESS						
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT I	DETAINE	ES' REAS	SONABLI	E AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	YES	No	NA	REMARKS		
Detainees in disciplinary segregation are allowed phone calls						
relating to the detainee's immigration case or other legal matters, including consultation calls.						
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.						
Detainees in disciplinary segregation are allowed phone calls for family emergencies.						
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.				There are no posted warnings at or near detainee telephones. Special Access calls are not monitored.		
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING		
REMARKS:						

This inspector reviewed facility policy and procedure, reviewed the detainee handbook, interviewed staff, inspected detainee living areas, and checked detainee phones to ensure connectivity with the Homeland Security toll free number (OIG Hotline). The facility demonstrates an acceptable level of compliance with this standard and is rated accordingly.

Access rules are not posted in detainee living areas. There is no direction (posted or otherwise) provided for detainees that would inform them of access to the OIG hotline or any other special access calls.

There are no warnings posted at or near detainee phones advising that calls may be monitored.

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POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRI MEDIA.	ENDS, LE	GAL REP	RESENT.	ATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS
COMPONENTS	YES	No	NA	REMARKS
There is a written visitation schedule and hours for general visitation.				
The visitation hours tailored to the detainee population and the demand for visitation.				
The visitation schedule and rules are available to the public.				
The hours for all categories of visitation are posted in the visitation waiting area.				
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	$\boxtimes$			
A general visitation log is maintained.	$\boxtimes$			The general visitation log is recorded by use of an automated system.
The detainees are permitted to retain personal property items specified in the standard.	$\boxtimes$			
A visitor dress code is available to the public.				
Visitors are searched and identified according to standard requirements.				While visitors are subject to search, searches rarely occur. All visitations with friends or family are non-contact using a closed circuit audio-visual system.
The requirement on visitation by minors is complied with.				
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 visitation so long as they are accompanied by an adult. The number of visitors allowed at any one time is three.
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 visitation privileges.
Detainees in special housing are afforded visitation.				
Legal visitation is available seven (7) days a week, including holidays.	×			Legal visitation is allowed at any time or day so long as there has been advance notification.
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.				
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				Legal visits occur in individual contact visitation rooms.
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.	$\boxtimes$			
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.		$\boxtimes$		There was no listing of pro bono legal organizations in any living unit inspected.
The decision to permit or deny a tour is not delegated below the level of Field Office Director.				

VISITATION  POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.						
COMPONENTS	YES	No	NA	REMARKS		
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.	$\boxtimes$					
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.	$\boxtimes$					
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING		

The facility utilizes an automated visiting system (audio-visual) for visits with family and friends. Visiting stations are set up in the public reception/waiting area as well as in detainee living areas.

Individual rooms are designated for legal visits that allow contact and or document exchange.

The visiting log is maintained on an automated system. The facility demonstrates an acceptable level of compliance with this standard and is rated accordingly.

Listings of pro bono legal organizations are not posted in detainee living areas.

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## VOLUNTARY WORK PROGRAM

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.

CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO AND MOVE TO NEXT SECTION.	WORK A	AT THE I	GSA FA	ACILITY. MARK NA ON FORM G-324A, PAGE 3
COMPONENTS	YES	No	NA	REMARKS
Does the facility have a voluntary work program?  • Do ICE detainees participate?				The facility offers a voluntary work program for detainees. Facility policy 4420.1A addresses the detainee work program. ICE detainees are not currently held in this facility. Staff indicates ICE detainees would be allowed to participate in the program.
Detainee housekeeping meets neatness and cleanliness standards.	$\boxtimes$			
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.				Non-ICE detainee volunteer workers are allowed to work on special work crews outside the secure perimeter of the facility. ICE detainees would not be allowed to participate in work details outside the secure perimeter of the facility.
Written procedures govern selection of detainees for the Voluntary Work Program.				
Where possible, physically and mentally challenged detainees participate in the program.	⊠			The facility encourages physically and mentally-challenged detainees to participate in the work program. Facility policy addresses the development of work assignments which special need detainees might participate in.
The facility complies with work-hour requirements for detainees, not exceeding:  • Eight hours a day and Forty hours a week.				This component is only applicable for SPCs and CDFs. Detainee workers are limited to eight hour days and 40-hour work weeks at this facility.
Detainee volunteers generally work according to fixed schedule.	$\boxtimes$			
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.				Justification for removal from a work detail of an ICE detainee would be written and placed in the detainee's detention file.
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	$\boxtimes$			
The voluntary work program meets:  OSHA, NFPA, ACA standards	×			The section of this component that requires the voluntary work program to meet NFPA, and ACA standards is specific to SPCs and CDFs. The detainee work program meets the standards of all three agencies.
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.	$\boxtimes$			-
Proper procedure is followed when an ICE detainee is injured on the job.				If an ICE detainee volunteer worker was injured on the job, proper procedure would be followed, and ICE would be notified immediately.
ACCEPTABLE DEFICIENT	Г	<b>∃ Α</b> π_Β	TOTZ	DEDEAT FINDING

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The facility has an active and large detainee work program. Colorado law requires all persons sentenced to jail for misdemeanors and ordinance violations work. ICE detainees would be allowed to volunteer in the work program but not allowed to participate in work details outside the secure perimeter of the facility.

(b)(6), (b)(7)(c) / October 13, 2011

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# SECTION II HEALTH SERVICES STANDARDS

			_	
HUNG	ER STF	RIKES		
<b>POLICY:</b> ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH A SUSTAIN THEIR LIVES.			1 44 1 4	
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.				This component is only applicable for SPCs and CDFs. Medical staff is notified when a detainee begins a hunger strike.
CDFs and IGSAs immediately report a hunger strike to the ICE.				Both the ICE IEA and the Health Services Administrator (HSA) reported that if an ICE detainee began a hunger strike, it would be reported to ICE.
The facility has established procedures to ensure staff respond immediately to a hunger strike.				Facility policy states attempts are made to resolve the hunger strike immediately and if that is not successful, medical and/or mental health staff is notified.
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 hunger striker is moved to an area that medical and security staff can monitor.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Medical staff may place a detainee in a locked hospital room.
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. Medical staff records blood pressure, pulse, weight, mental status, evaluation of skin turgor and general appearance daily.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	$\boxtimes$			Consent to treatment is sought before medical treatment is provided.
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. The detainee is required to sign the Refusal of Treatment form.
During a hunger strike, staff document and provide the hunger- striking detainee three meals a day.				This component is only applicable for SPCs and CDFs. Three meals per day is provided to the hunger striker and documented.
Staff maintains the hunger striker's supply of drinking water/other beverages.				This component is only applicable for SPCs and CDFs. Fluids are made available.
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. The hunger striker is moved to a medical cell without food items.
Staff is directed to record the hunger striker's fluid intake and	[			This component is only applicable for SPCs

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 $\boxtimes$ 

 $\boxtimes$ 

 $\boxtimes$ 

strike.

 $\Box$ 

food consumption; Does staff always use Hunger Strike

The medical staff has written procedures for treating hunger

Staff documents all treatment attempts, including attempts to

Monitoring Form I-839 or similar IGSA form.

persuade hunger striker of medical risks.

strikers.

and CDFs. Food and fluid intake is recorded

These procedures are described in written

This component is only applicable for SPCs

and CDFs. Staff has periodic discussions

with the detainee and offers of food are continued in an attempt to end the hunger

in the medical record.

procedures, Refusal to Eat.

HUNG  POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FO ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH A SUSTAIN THEIR LIVES.	OR THE M	MEDICAL		
COMPONENTS	YES	No	NA	REMARKS
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.				Staff receives training on identification of hunger strikes as part of the Inmate Supervision training provided during initial orientation. Medical staff receives training on hunger strikes during initial orientation and as needed.
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

The HSA reports there has not been a serious hunger strike at the facility since the last review.

The ICE IEA reports ICE detainees have never been housed at this facility. Therefore, a review of procedures used during an actual ICE detainee hunger strike is not possible.

The rating is based on a review of facility policies, and interviews with both medical and security staff.

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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,				ang kebadangan di manggalangga panggalangga beranggalangga beranggalangga beranggalangga beranggalangga berang Beranggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalangga
COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.				The facility operates in compliance with the state of Colorado and local laws. The facility is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC).
The facility's in-processing procedures for arriving detainees include medical screening.	$\boxtimes$			Detainees receive a medical screening upon arrival by medical personnel. This medical screen is performed in addition to any other medical screen that may accompany the detainee from another facility.
All detainees have access to and receive medical care.				Detainees are instructed how to access health care upon admission. In addition, access is described in the detainee handbook and as posted in the housing units. All detainees have access to and receive medical care. Sick call is held daily.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	$\boxtimes$			The HSA has access to the Managed Health Care Coordinator should contact be necessary.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				Medical staff, provided through Denver Health Medical Center, is on duty at the facility 24 hours per day, seven days per week. Staff includes registered nurses, licensed practical nurses, psychiatric registered nurse, tuberculosis technician, medical record clerks, mid-level practitioners, physicians, psychiatrist, dentist, dental assistant and other clerks, totaling (7) ft]l-time equivalents (FTE). In addition, administrative staff includes the HSA, nurse managers, administrative assistants, pharmacist, social worker and technicians for an additional (b)(7)(EFTEs. Appropriate licensing and/or certifications are current.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	$\boxtimes$			The health service unit is large and has sufficient equipment.
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 health services unit (HSU) has its own restricted-access area within the confines of the secure perimeter.
The medical facility entrance includes a holding/waiting room.				This component is only applicable for SPCs and CDFs. There are two holding rooms each containing a one piece stainless toilet and sink. There are also two holding cages, with no available water. There is also another small holding area located at the rear of the HSU, with no available water. The latter two areas are only used should the two holding rooms be full.

#### 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.

WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
The medical facility's holding/waiting room is under the direct supervision of custodial staff.				This component is only applicable for SPCs and CDFs. All of the holding rooms are under the direct supervision of custodial staff.
Detainees in the holding/waiting room have access to a drinking fountain.				This component is only applicable for SPCs and CDFs. Two of the four holding areas (rooms) have access to running water.
<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>	$\boxtimes$			Medical records are secured in a two-office medical records area within the HSU. Access is restricted to authorized medical staff. No copies of medical records are placed in detainee files.
Pharmaceuticals are stored in a secure area.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Pharmaceuticals are stored in a two room pharmacy, with restricted access.
<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>				The HSA, the Nurse Manager, and the TB Technician report that TB testing is performed upon admission in the booking area. Facility policy and procedure requires TB testing to be performed on admission.
All detainees receive a mental-health screening upon arrival. It is conducted:  • By a health care provider or specially trained officer; and  • Before a detainee's assignment to a housing unit.				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 admissions receive a mental health screening upon arrival and before assignment to a housing unit. The mental health screening is performed by medical personnel. This is in addition to any mental health screening that may accompany the detainee from another facility.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				This component is only applicable for SPCs and CDFs. Medical personnel provide an initial screening and document it on a local form equivalent to the I-794 providing \ immediate identification of detainees needing medical attention.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				Physical examinations are performed within 14 days of admission, as required by facility policy.
Detainees in the Special Management Unit have access to health care services.	$\boxtimes$			Detainees in the Special Management Unit (SMU) have access to routine health care services through communication with medical staff that make rounds in the unit three times per day and to emergency health care services through immediate communication with security staff on the unit.

# 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.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
COMPONENTS	YES	No	NA	REMARKS
Staff provides detainees with health services (sick call) request slips daily, upon request.  • Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population.  • Service-request slips are delivered in a timely fashion to the health care provider.				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 (in both English and Spanish) are provided daily and are delivered, at least daily, to medical staff.
The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.				Medical staff is on site 24 hours per day, seven days per week. There is a plan for the delivery of emergency health care when immediate outside medical attention is required.
The plan includes an on-call provider.				This component is only applicable for SPCs and CDFs. A physician, a dentist, and a psychiatrist are on call 24 hours per day, seven days per week.
The plan includes a list of telephone numbers for local ambulance and hospital services.				This component is only applicable for SPCs and CDFs. Denver Health Medical Center ambulance service (local 911) is used.
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. It is the policy of the Denver Sheriff's Department to treat and transport detainees in a safe and secure manner, consistent with their criminal charges, classification status, and mental and physical health and condition.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				Both security and medical staff are trained to respond to health-related situations within a four-minute response time, as reported by the HSA, and documented on training records.
Where staff is used to distribute medication, a health care provider properly trains these officers.				This component is only applicable for SPCs and CDFs. Only medical staff distributes medication.
The medical unit keeps written records of medication that is distributed.				As observed by this inspector, medical staff records medication distribution on Medication Administration Records (MAR).
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Notification of special needs is made verbally to facility staff or in writing as a recommendation on the classification form.
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				A general consent to treatment is obtained from a detainee during the health assessment, as reported by the HSA and viewed on the Health Assessment form.

ACCESS TO	MEDI	CALC	ADE		
왕들 그리는 보통한 노상을 하나 되어 생생했다는 분야한 되어	haran				
<b>POLICY:</b> EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCURE WELL-BEING OF ICE DETAINEES.	REDITEI	)/ACCRE	DITATIO	N-WORTHY HEALTH PROGRAM FOR THE GENERAL	
COMPONENTS	YES	No	NA	REMARKS	
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			A Release of Information form signed by the detainee is required to release medical information to outside sources.	
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				The HSA reports medical personnel are given advance notice of detainee release.	
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				Detainee's medical records or a health summary are 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".	$\boxtimes$			As reported by the HSA and observed by this inspector, medical records are placed in a sealed envelope, labeled confidential.	
Acceptable Deficient		AT-R	ISK	REPEAT FINDING	
REMARKS: The facility was accredited by the ACA in August 2009 and the NCCHC in September 2011.  The HSU is a large rectangular area with an open center. A large, two-room pharmacy and the medical records offices line the wall to the left of the entrance. Patient cells and rooms run perpendicular to that wall. Holding areas, the triage room and procedure room line the wall opposite. There are exam rooms, offices, two officers' stations, and a medical ward capable of housing nine detainees (currently closed and being renovated), a dental suite, supply rooms and a break room. The dental suite contains one chair, but has no x-ray capability. Currently the pharmacist makes blister packs for all medications, but the facility is moving to a new Talyst system, which automatically dispenses medications, in the near future. Additionally, there is an exam room in the building housing female detainees and an exam room in the building housing male work release detainees. There is an automated external defibrillator in the procedure room.					
Syringe and tool counts, as well as controlled substances counts, were performed and found to be accurate.					
The facility charges a \$7.00 co-pay for certain medical services.					
The ICE IEA reports that ICE detainees have never been housed at this facility. Therefore, a review of ICE detainee medical records was not possible.					
was not possible.	at tins	гасину.	Theref	ore, a review of ICE detainee medical records	

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# SUICIDE PREVENTION AND INTERVENTION

YES	No	NA.	REMARKS  Both security and medical staff receive suicide-prevention training during initial orientation and annually, as documented in training records. Annual training is available on-line.
×			Training prepares staff to identify, manage, and stabilize suicidal inmates, while promoting suicide awareness in routine activities.
			Medical personnel screen all detainees for suicide potential as part of the admission process at this facility.
			Facility policy and procedure outlines referra procedures and responsibilities.
×			The facility has two designated isolation rooms for evaluation and treatment located in the HSU.
$\boxtimes$			Each room contains a floor flush toilet and no other fixtures. The walls are smooth and there are no items that could be used to aid in a suicide attempt.
			Medical staff has approved the rooms for this purpose.
			Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes, or more often if constant observation is ordered by medical staff. Each of the rooms also supplies a video feed to the officer's station.
	AT-R	lisk	REPEAT FINDING
er 23, 20	10. He	was cu	admitted to the facility on November 19, 2010 to down and resuscitation attempts were begun. to Denver Health Medical Center where he
d at this	facility;	therefo	re, a review of any ICE detainee medical
		AT-R	AT-RISK

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security staff.

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## 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.

COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.	$\boxtimes$			The facility does not normally accept detainees who are chronically or terminally ill. Should a detainee become terminally ill while at the facility, the detainee would be transferred to a more appropriate health care facility.
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.				Per the ICE IEA and the HSA, the facility would notify the local ICE office who, in turn, would notify the next of kin.
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.				Facility policy states that in order to avoid any ethical questions, detainees who wish to complete Advance Directives will do so at Denver Health Medical Center in accordance with hospital policy and guidelines.  Detainees who enter the facility with Advance Directives in place will have these honored.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.		$\boxtimes$		The guidelines do not address providing the detainee the opportunity to have a private attorney prepare the documents.
There is a policy addressing "Do Not Resuscitate Orders"		- 🗆		Do Not Resuscitate (DNR) orders are addressed in the Denver Health guidelines.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				Therapeutic efforts and drugs which provide or maintain patient comfort and support human dignity may be used.
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.				Per the IEA, the facility would notify the local ICE office who, in turn, would notify the Immigration Health Services Corps (IHSC formerly DIHS) Medical Director and Legal Counsel.
The facility has written procedures to address the issues of organ donation by detainees.		$\boxtimes$		The facility does not have written procedures to address the issues of organ donation by detainees. Denver Health Medical Center Advance Directives guidelines mention tissue donation, but no procedures are offered.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	$\boxtimes$			Per facility policy, notification of next of kin is coordinated with the coroner.
The facility has a policy and procedure to address the death of a detainee while in transport.	⊠			The facility has policy and procedure to address emergencies including 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.				Per the IEA, the detainee's remains would be disposed of in accordance with this standard.

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# 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.

COMPONENTS	YES	No	NA	REMARKS
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?	M			Per the IEA, the ICE Field Office would schedule an indigent's burial, after consulting with the Department of Veterans Affairs.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	$\boxtimes$			Per the IEA, the death certificate is placed in the subject's A-file.
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.				The facility must notify the coroner of every death at the facility. The coroner determines who transports the body and whether an autopsy will be performed and who will perform it. The facility is responsible to obtain the death certificate.
ICE staff follows established procedures to properly close the case of a deceased detainee.	$\boxtimes$			Per the IEA, closing the case includes documenting the file and filing the death certificate.
ACCEPTABLE DEFICIENT	AT-RISK		Risk	REPEAT FINDING

#### REMARKS:

There has been one illness related detainee death since the last review. A 53 year old Hispanic non-ICE male detainee was pronounced dead at Denver Health Medical Center on September 16, 2011. He had a history of Hepatitis C, alcohol abuse, anemia, cirrhosis of the liver, portal hypertension and upper gastro-intestinal (GI) bleed. Shortly before his death, he had been admitted to the hospital after a GI bleed, and was treated and released back to the facility. He was returned to the hospital after suffering another bleed and died there.

Denver Health Medical Center has a very comprehensive policy and procedure regarding Advance Directives, Cardiopulmonary Resuscitation (CPR), and CPR status. Those policies and procedures do not address providing the detainee the opportunity to have a private attorney prepare the documents. Neither the facility nor Denver Health Medical Center has procedures available regarding organ donation.

The ICE IEA reports that ICE detainees have never been housed at this facility; therefore, a review of ICE detainee medical records was not possible.

Review of facility policies, training records and practices; and interviews with facility medical and security staff and ICE staff were used to determine compliance.

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

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# SECTION III SECURITY AND CONTROL STANDARDS

CONTRABAND					
<b>POLICY:</b> ALL DETENTION FACILITIES WILL ENSURE THE PROPER CONTRABAND DESTRUCTION IS REQUIRED.	HANDLI	NG AND	DISPOS	AL OF ALL CONTRABAND. DOCUMENTATION OF	
COMPONENTS	YES	No	NA	REMARKS	
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.				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. Facility policy and procedures do exist to provide guidelines for the handling of illegal contraband. Staff do also inventory, hold, and report to the proper authority for action/possible seizure.	
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				This component is only applicable for SPCs and CDFs. Contraband that is government property is retained by the facility for potential disciplinary action or criminal prosecution.	
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.				This component is only applicable for SPCs and CDFs. Written procedures do exist which directs staff to return property not needed as evidence to the proper authority.	
Altered property is destroyed following documentation and using established procedures.				This component is only applicable for SPCs and CDFs. Facility policy and procedures do permit altered property to be destroyed following documentation and using established procedures.	
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.				This component is only applicable for SPCs and CDFs. A staff Chaplain would be contacted before confiscating religious items from a detainee.	
Staff follows written procedures when destroying hard contraband that is illegal.				Current policy does provide guidelines for destroying hard contraband that is illegal.	
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes.  If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.				This component is only applicable for SPCs and CDFs. Some hard contraband is used by the facility for training purposes and written procedures do exist that support contraband is secured when not in use.	
ACCEPTABLE DEFICIENT		AT-R	lisk	REPEAT FINDING	
REMARKS: After review of the facility policy and procedures, interviews with staff, and examination of existing documentation, it was determined that the facility is compliant with the Contraband standard.  (b)(6), (b)(7)(c) / October AUDITOR'S SIGNATURE / I  (b)(6), (b)(7)(c)					

DET	ENT	ION	FIL	ES

POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR DETAINESS SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETE SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.	NTION F	ILE WILL	CONTAI	IN COPIES AND, IN SOME CASES, THE ORIGINAL OF		
COMPONENTS	YES	No	NA	REMARKS		
A detention file is created for every new arrival whose stay will exceed 24 hours.						
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	$\boxtimes$			Documentation specific to ICE detainees would be placed in the detainee's detention file if ICE detainees were confined to the facility. Other documentation to include grievances, complaints, disciplinary forms and requests are included in detention files.		
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. Detention files are located and maintained in a secure area.		
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	ISK	REPEAT FINDING		
REMARKS:  Detention files for this facility are maintained in records storage at another facility in the City of Denver under jurisdiction of the Denver County Sheriff. This inspector reviewed facility policy and procedure regarding detention files and interviewed the Sergeant in						

charge of maintaining detention files. It should be noted that there are no ICE detainees currently held at either facility, consequently there was no specific file review.

(b)(6), (b)(7)(c) / October AUDITOR'S SIGNATURE / DA	
	(b)(6), (b)(7)(c)

## 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.

The facility has a written disciplinary system using progressive levels of freviews and appeals.  The facility the sature of the disciplinary program. It for facility rules state that disciplinary action shall not be capricious or retaliatory.  Written rules prohibit staff from imposing or permitting the following sanctions:  • corporal punishment • deviations from normal food service • clothing deprivation • bedding deprivation • bedding deprivation • bedding deprivation of physical exercise • loss of correspondence privileges • deprivation of physical exercise • Prohibited Acts • Sanctions  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  This component is only applicable for SPCs and CDFs. Informal resolutions for minor rule violations are encouraged at the facility.  This component is only applicable for SPCs and CDFs. The Conduct Adjustment Board, under the supervisor.  This component is only applicable for SPCs and CDFs. The Conduct Adjustment Board, under the supervisor for the detained of capating is	COMPLIANCE WITH FACILITY RULES AND REGULATIONS.	1,8		<u> </u>	
levels of reviews and appeals.  The facility rules state that disciplinary action shall not be capricious or retaliatory.  Written rules prohibit staff from imposing or permitting the following sanctions:  • corporal punishment • deviations from normal food service • clothing deprivation • bedding deprivation • bedding deprivation • loss of correspondence privileges • deprivation of physical exercise  The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainess verbally and in writing.  • Rights and Responsibilities • Prohibited Acts • Disciplinary Severity Scale • Sanctions • Prohibited Acts • Disciplinary Severity Scale • Sanctions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.  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 intermediated disciplinary process is used to adjudicate minor infractions.  A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:  • Conducts hearings on all charges and allegations referred by the UDC;  • Considers written reports, statements, physical evidence, and or all testimency in the panel:  • Conducts hearings on all charges and allegations referred by the UDC;  • Considers written reports, statements, physical evidence, and or all testimency in the proponderance of evidence; and  • Imposes only authorized sanctions  A staff representative is available if requested for a detainee facing a disciplinary hearing.		YES	No	NA	
inclusion feviews and appeass.  The facility reports and pages and allegations retaliatory.  The facility reports and hotics of Charges are promptly forwarded to the designated supervisor.  This component is only applicable for SPCs and CDFs. Informal resolutions are necuraged.  This component is only applicable for SPCs and CDFs. Informal resolutions for minor rule violations are necuraged.  The reports and Notice of Charges are promptly forwarded to the designated supervisor.  Altiough current practices suggest that staff do not impose or permit the sanctions outlined in this component, there was no written policy that prohibits this behavior.  Although current practices suggest that staff do not impose or permit the sanctions outlined in this component, there was no written policy that prohibits this behavior.  Although current practices suggest that staff do not impose or permit the sanctions outlined in this component, there was no written policy that prohibits this behavior.  Although although current practices suggest that staff do not impose or permit the sanctions outlined in this component, there was no written policy that prohibits this behavior.  Although although current practices suggest that staff do not impose or permit the sanctions outlined in this component, there was no written policy that prohibits this behavior.  The requirement to post "prohibited Acts", the "Disciplinary Severity Scale" and the "Sanctions" is specific to SPCs and CDFs. Although all balleted tens are not consplicated in the detaince handbook which is distributed in both detains are not consplicately properly stages and supervisor.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged at the facility.  This component is only applicable for SPCs and CDFs, however, incident Reports and Notice of Changes are promptly forwarded to the designated supervisor.  The bulleted sections of this component are		$\boxtimes$			
expricious or retaliatory.  Written rules prohibit staff from imposing or permitting the following sanctions:  • corporal punishment • deviations from normal food service • clothing deprivation • denial of personal hygicne items • loss of correspondence privileges • deprivation of physical exercise  The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainess verhally and in writing.  • Rights and Responsibilities • Prohibited Acts • Disciplinary Severity Scale • Sanctions  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.  Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.  A disciplinary panel (or equivalent in IGSAs) adjudicates infractions.  Incident reports are investigated within 24 hours of the incident referred by the UDC;  Considers written reports, statements, physical evidence, and oral testimony;  Hears pleadings by detainees and allegations referred by the UDC;  Considers written reports, statements, physical evidence, and oral testimony;  Hears pleadings by detainees and staff representatives;  Bases its findings on the preponderance of evidence; and Imposes only authorized sanctions  A staff representative is available if requested for a detainee facing a disciplinary hearing.					
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.  Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Ponel (or cquivalent in IGSAs) adjudicates infractions.  A disciplinary panel (or equivalent in IGSAs) adjudicates infractions.  Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Ponel (or cquivalent in IGSAs) adjudicates infractions.  A disciplinary panel (or cquivalent in IGSAs) adjudicates infractions.  A disciplinary panel (or cquivalent does not convene before an investigation ends.  A staff representative is available if requested for a detainee facing a disciplinary hearing.  A staff representative is available if requested for a detainee facing a disciplinary personal procedures do make provisions for the detainee to have a staff representatives; and CDFs. Racility policy and procedures do make provisions for the detainee to have a staff representatives; and CDFs. Racility policy and procedures do make provisions for the detainee to have a staff representatives; and CDFs. Racility policy and procedures do make provisions for the detainee to have a staff representatives; and CDFs. Racility policy and procedures do make provisions for the detainee to have a staff representatives; and CDFs. Racility policy and procedures do make provisions for the detainee to have a staff representative is available if requested for a detainee facing a disciplinary hearing.			$\square$		
octoporal punishment deviations from normal food service clothing deprivation denial of personal hygiene items denial of personal hygiene items designated supervisor.  The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainess verbally and in writing.  Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions  When minor rule violations or prohibited acts occur, informal resolutions are necouraged.  Sanctions  When minor rule violations or prohibited acts occur, informal resolutions are necouraged.  Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.  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 panel (or equivalent in IGSAs) adjudicates infractions. In Equal to the designation of the incident end of the propose of permit the sanctions of the incident end of the designated supervisor.  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.  A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:  Conducts hearings on all charges and allegations referred by the UDC; Considers written reports, statements, physical evidence, and oral testimony; I llears pleadings by detainees and staff representatives; Bases its findings on the preponderance of evidence; and lmposes only authorized sanctions  A staff representative is available if requested for a detainee facing a disciplinary hearing.  This component is only applicable for SPCs and CDFs. The Conduct Adjustment Board, under the supervision of a Captain, is utilized to adjudicate infractions. This board also address alibuleted elements of this component as a sufficiency process and					action shall not be capricious or retaliatory.
corporal punishment     deviations from normal food service     clothing deprivation     bedding deprivation     denial of personal hygiene items     loss of correspondence privileges     deprivation of physical exercise  The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainces werbally and in writing.  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  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  When minor rule violations or prohibited acts occur, informal resolutions are encouraged.  Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.  Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Sevenity Committee (UDC) or equivalent does not convene before an investigation ends.  A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:      Conducts hearings on all charges and allegations referred by the UDC;     Considers written reports, statements, physical evidence, and oral testimony;     Heary pleadings by detainees and staff representatives;     Bases its findings on the preponderance of evidence; and     Imposes only authorized sanctions  A staff representative is available if requested for a detaince facing a disciplinary hearing.  A staff representative is available if requested for a detaince facing a disciplinary bearing.					
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facing a disciplinary hearing.  and CDFs. Facility policy and procedures do make provisions for the detainee to have a staff representative during a disciplinary					This component is only applicable for SPCs
make provisions for the detainee to have a staff representative during a disciplinary					
staff representative during a disciplinary					
					staff representative during a disciplinary
		L			hearing upon request.

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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 permits hearing postponements or continuances	_					
when conditions warrant such a continuance. Reasons are	$\boxtimes$					
documented.						
The duration of punishment set by the OIC, as recommended by						
the disciplinary panel, does not exceed established sanctions.	$\boxtimes$ .					
The maximum time in disciplinary segregation is limited to 60			لـــا			
days for a single offense.						
Written procedures govern the handling of confidential-						
informant information. Standards include criteria for	$\boxtimes$					
recognizing "substantial evidence"						
All forms relevant to the incident, investigation, committee/panel	$\boxtimes$			Examination of relevant forms indicated they		
reports, etc., are completed and distributed as required.			Ш	are completed and distributed as required.		
<b>△</b> ACCEPTABLE  □ DEFICIENT		AT-R	ISK	REPEAT FINDING		
Remarks:						

Compliance inspection included a review of facility policies, disciplinary reports, hearing results, appeals and interviews with staff.

Facility rules stating disciplinary action should not be capricious or retaliatory are non-existent.

Written policy also does not include language that prohibits staff from imposing or permitting those sanctions which include, corporal punishment, deviation from normal food service, clothing deprivation, bedding deprivation, denial of personal hygiene items, loss of correspondence privileges, or deprivation of physical exercise.

Rights and responsibilities of the detainee are not conspicuously posted in English or Spanish.

(b)(6), (b)(7)(c)	October 13, 2011					
AUDITOR'S SIGNA	TURE /					
		(b)(6), (b)(7)(c)				

# **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.

MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOC				
COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.		$\boxtimes$		There was no language in the existing facility policy and procedures which precludes 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				
Staff is trained to identify signs of detainee unrest.  • What type of training and how often?				Staff does receive this training as part of the Academy curriculum and Field Training program offered during the first year of employment.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	$\boxtimes$			
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				The Facility Division Chief is identified as the person responsible for emergency plans and their implementation. Sufficient time is allotted to this person for the implementation of these plans.
The plans address the following issues:  Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions				Emergency plans are currently maintained in the Chief's office, Major's office and Captain's office. Confidentiality and accountability are not addressed in current policy or the emergency plans.
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.				
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. Cooperative contingency plans exist with the Colorado Department of Corrections and the local Sheriff's Department in Denver.
All staff receives copies of Hostage Situation Management policy and procedures.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The Hostage Situation Management policy and procedures is available in electronic format within the facility.
(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)  After safe conclusion of the situation, hostages are screened for medical reasons.  Policy does not address psychological screening for hostages at the conclusion of the event.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Medical treatment for staff and detainees will be provided both during and after the incident.

POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE					
POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY			4 4 5		
MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOG					
COMPONENTS	YES	No	NA	REMARKS	
Food service maintains at least 3 days' worth of emergency meals				This component is only applicable for SPCs	
for staff and detainees.				and CDFs. A 30-day supply of emergency	
		_		meals for staff and detainees is maintained by the facility.	
Written plans identify locations of shut-off valves and switches				This component is only applicable for SPCs	
for all utilities (water, gas, electric).		<del>, – 1</del>		and CDFs. Written plans providing locations for the shut-off valves and switches for all	
		Ш		utilities to include water, gas, and electric are	
				available at this facility.	
Written procedures cover:				-	
Work/Food Strike					
• Disturbances		!			
• Escapes		i			
<ul> <li>Bomb Threats</li> <li>Adverse Weather</li> </ul>		   🖂		All elements of this component are addressed	
Internal Searches			[]	in written policy and procedures with the exception of Civil Disturbances.	
• Facility Evacuation				exception of Civil Disturbances.	
Detainee Transportation System Plan					
Internal Hostages					
Civil Disturbances					
□ ACCEPTABLE  □ DEFICIENT  □ AT-RISK □ REPEAT FINDING					

Compliance inspection included a review of facility policy, emergency plans, and Memorandums of Understanding and interviews with staff.

It was noted that current facility documents do not preclude detainees or detainee groups from exercising control or authority over other detainees.

The issues of confidentiality and accountability of emergency plans are not addressed in the current policy or the emergency plans.

The emergency plans do not include a provision for the handling of civil disturbances.

The facility did provide a draft policy which provides emergency guidelines for civil disturbance situations.

(b)(6), (b)(7)(c) / Octo Auditor's Signaturi	
	(b)(6), (b)(7)(c)

ÍCE 2012 FOIA03030.016314

# 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.	$\boxtimes$			The facility stores most hazardous materials in the maintenance area located outside the secure perimeter of the facility. Cleaning materials on the housing units are stored in locked closets in non-toxic forms. The officer on the housing unit dispenses the cleaning materials to detainees.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.				Flammable, toxic and caustic materials are stored in the maintenance shop. Constant inventories are maintained on these materials.
<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>				Material Safety Data Sheets (MSDS) are maintained on file in each location where flammable, toxic and caustic materials are stored. The files do not list all storage areas or contain a diagram of the building and legend.
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.	$\boxtimes$			MSDSs are available in each location where hazardous materials are stored.
<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>	$\boxtimes$			Staff supervises detainees using hazardous materials. Detainees only are allowed to use hazardous sanitation materials in the diluted form.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	$\square$			Flammable and combustible materials are not stored within the secure perimeter of the facility. These materials stored in the maintenance shop are stored in cabinets behind a locked door and in original containers.
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.	$\boxtimes$			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.				Vents, return vents and air conditioning vents were not observed blocked during the inspection.
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.)	$\boxtimes$			
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	$\boxtimes$			

## 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	YES	No	NA	REMARKS
All toxic and caustic materials are stored in their original containers in a secure area.	$\boxtimes$			Flammable and combustible materials are not stored within the secure perimeter of the facility. These materials stored in the maintenance shop are stored in cabinets, behind a locked door, and in original containers.
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.				The facility participates in the Green Denver program. All flammable, combustible and toxic liquids are disposed of by the Denver County Environmental Department.
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			$\boxtimes$	Products containing methyl alcohol are not used in the facility.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.				Correctional officers and maintenance staff receive training in the use of flammable, toxic and caustic materials. Detainees also receive training prior to working in a job where these items are used.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).				The facility inspects the fire sprinkler system annually as opposed to quarterly which is required by the NFPA 25.
A technically qualified officer conducts the fire and safety inspections.				Fire and safety inspections are conducted by a qualified officer. Documentation of the inspections is maintained and was reviewed during the inspection.
The Safety Office (or officer) maintains files of inspection reports.	$\boxtimes$			Documentation of the inspections is maintained and was reviewed during the inspection.
The facility has an approved fire prevention, control, and evacuation plan.				The facility's fire prevention, control and evacuation plan is approved by the Denver Fire Department. The approval document was reviewed during the inspection.
<ul> <li>The plan requires:</li> <li>Monthly fire inspections;</li> <li>Fire protection equipment strategically located throughout the facility;</li> <li>Public posting of emergency plans with accessible building/room floor plans;</li> <li>Exit signs and directional arrows; and</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>				
Fire drills are conducted and documented monthly.				Fire drills are conducted monthly and the documentation of the monthly fire drills was reviewed during the inspection.
A sanitation program covers barbering operations.		$\boxtimes$		Although clippers are made available to detainees for haircuts, the facility does not have a sanitation program covering the barbering operations.

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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 barber shop has the facilities and equipment necessary to The facility does not have a designated Xmeet sanitation requirements. barber shop. The sanitation standards are conspicuously posted in the The facility does not have a set location for a  $\boxtimes$ barbershop and sanitation standards are not barbershop. Written procedures regulate the handling and disposal of used  $\boxtimes$ П needles and other sharp objects. All items representing potential safety or security risks are Items representing potential safety and inventoried and a designated individual checks this inventory  $\boxtimes$ security risks are checked and inventoried weekly. daily. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and 冈 П detergents. An established schedule of cleaning and follow-up inspections. The facility follows standard cleaning procedures. X  $\Box$ П Spill kits are readily available.  $\boxtimes$ П Spill kits are available throughout the facility. A licensed medical waste contractor disposes of infectious/bio-Medical waste and infectious/biological hazardous waste.  $\boxtimes$ П hazardous waste are disposed under contract with Denver Health. Staff is trained to prevent contact with blood and other body  $\boxtimes$ fluids and written procedures are followed. Do the methods for handling/disposing of refuse meet all 冈 П regulatory requirements? A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. A licensed pest control professional provides At least monthly.  $\boxtimes$ П П monthly pest control services to the facility. The pest-control program includes preventative spraying for indigenous insects. Drinking water and wastewater is routinely tested according to a The facility uses City of Denver water and fixed schedule. wastewater services. The latest results of the  $\boxtimes$ П П testing of the water supply by Denver Water were reviewed during the inspection. Emergency power generators are tested at least every two weeks. Emergency power generators are tested Other emergency systems and equipment receive weekly. Other emergency systems are tested testing at least quarterly. M as required and at least quarterly. If needed, Testing is followed-up with timely corrective actions timely corrective action is taken to ensure all (repairs and replacements). emergency systems are operable. **ACCEPTABLE DEFICIENT** ☐ AT-RISK REPEAT FINDING

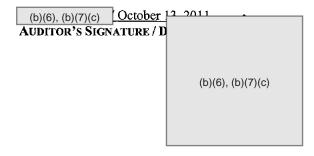
FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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The facility utilizes a system for the storage, issuance and maintenance of constant inventories of flammable, toxic and caustic materials. All staff is trained in the handling of these materials, as are detainees who work in areas where the materials are used. These materials are identified, labeled and maintained in the original containers. Sanitation materials are issued to detainees in diluted forms by detention officers and used under supervision of officers.

MSDS files do not list all storage areas or include a diagram and legend.

The facility does not have a designated area for a barbershop. Areas where barbering occurs does not have hot and cold running water and the barbershop sanitation standards are not posted.

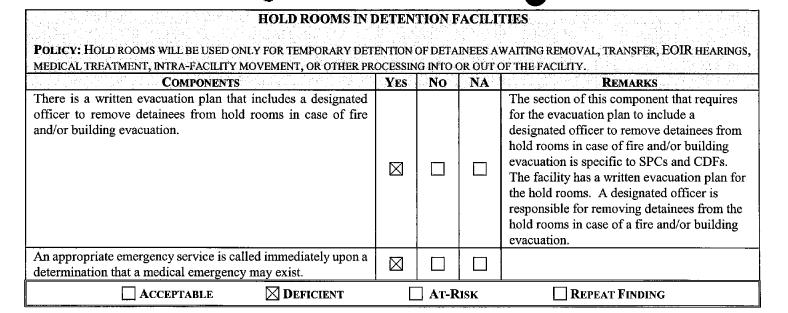




## HOLD ROOMS IN DETENTION FACILITIES

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. This component is only applicable for SPCs  $\boxtimes$ and CDFs. This facility's hold rooms are situated within the secure perimeter. This component is only applicable for SPCs The hold rooms are well ventilated well lighted, and all and CDFs. Hold rooms are well ventilated activating switches are located outside the room. X well lit, and all activating switches are located outside the room. This component is only applicable for SPCs The hold rooms contain sufficient seating for the number of П X and CDFs. Hold rooms contain sufficient detainees held. seating for the number of detainees held. Bunks, cots, beds, or other related make-shift sleeping apparatus This component is only applicable for SPCs are precluded from use inside hold rooms. 冈 and CDFs. Sleeping apparatus are precluded from use inside the hold rooms. This component is only applicable for SPCs The walls and ceilings of the hold rooms are tamper and escape and CDFs; however, the walls and ceilings of  $\boxtimes$ proof. the hold rooms are tamper and escape proof. Practice suggests that individuals are not held Individuals are not held in hold rooms for more than 12 hours. in the hold room for longer than 12 hours but facility policy does not prohibit this action. X  $\Box$ No logs exist to document time individual detainees are confined to a hold room. Female detainees are segregated from male Male and females are segregated from each other.  $\boxtimes$ П П detainees. ICE detainees under the age of 18 are not Detainees under the age of 18 are not held with adult detainees. housed at this facility. The facility does, however, house juveniles who are pending  $\boxtimes$  $\boxtimes$ trial as an adult. These detainees are kept separated from adult detainees. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene 図 П П items, diapers and wipes. In older facilities, officers are within visual or audible range to X allow detainees access to toilet facilities on a regular basis. All detainees are given a pat down search for weapons or ICE detainees are not currently being held at contraband before being placed in the room. this facility. Current practice of arriving  $\boxtimes$ prisoners includes a pat down and a routine strip search of all individuals. Hold rooms at this facility are not currently Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.). monitored at 15 minute intervals, and this is Hold rooms are irregularly monitored every 15  $\Box$  $\boxtimes$  $\Box$ not a policy requirement. There are no logs currently utilized that document when rounds minutes. are conducted by staff. Unusual behavior or complaints are noted. When the last detainee has been removed from the hold room, it  $\boxtimes$  $\Box$ is given a thorough inspection.

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Based on a review of current policy and procedures, interviews with staff, and examination of the hold room areas for both males and females, the facility is deficient with regard to this standard.

Although practice suggests that individuals are not held in the hold room for longer than 12 hours, facility policy does not prohibit this action. No logs exist to document time detainees spend in a hold room.

Hold rooms at this facility, are not currently monitored at 15-minute intervals, and there is no facility policy requirement to do so. There are no logs currently utilized that document when rounds are conducted by staff.

(b)(6), (b)(7)(c) / October 13
AUDITOR'S SIGNATURE / DAT

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

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## 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.

KEYS AND LOCKS.	<u> </u>			열길, 반강길들은 시스템을 출근한 안동시다. 편.
COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.		$\boxtimes$		The Maintenance Officer assigned to locksmith duties was on leave and facility staff could not provide documentation to confirm attendance at an approved locksmith training program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.		$\boxtimes$		No one person has direct responsibility for all administrative duties and responsibilities relating to keys, locks, etc.
The security officer, or equivalent in IGSAs, provides training to employees in key control.				
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			A review of maintenance documentation supports that a preventive maintenance program is in place at the facility.
Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$			
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.			$\boxtimes$	One safe was observed during the tour, but facility staff indicated that safe was not currently in use.
Only dead bolt or dead lock functions are used in detainee accessible areas.				
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	$\boxtimes$			
Grand master keying systems are prohibited.				
All worn or discarded keys and locks are cut up and properly disposed of.				
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 operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	×			The facility currently uses a (b)(7)(e)  (b)(7)(e) Units are installed in Main Control, Infirmary, Maintenance Shop, Food Service and Building 20 and are utilized for key storage, issue and return.
Procedures are in place to ensure that key rings are:  • Identifiable;  • The numbers of keys are cited; and  • Keys cannot be removed.		$\boxtimes$		The numbers of keys are not cited on the key rings.
Emergency keys are available for all areas of the facility.				
The facilities use a key accountability system.				
Authorization is necessary to issue any restricted key.				

### 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
<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>				
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.  The utilization of the (b)(7)(e) supports a key accountability program for the facility. Keys, however, are not physically counted daily.
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.	$\boxtimes$			The bulleted sections of the component are specific to SPCs and CDFs. Staff receives training in the initial Academy instruction and also as part of the Field Officer Training program. Issued keys taken home are returned immediately, the shift supervisor is immediately notified when keys are missing. Detainees are not permitted to handle keys assigned to staff.
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

### REMARKS:

Review of facility policy and inventories, interviews with staff and examination of the Watchman Key System were used to determine compliance with the detention standard. The facility complies with the majority of the requirements with the following exceptions:

It was noted there is no specific person assigned the responsibilities for key and lock control at the facility.

No documentation was available to support the locksmith attended an approved locksmith training program.

The number of keys is not cited on the respective key rings located in the Key Watch units.

(b)(6), (b)(7)(c) / October 13
AUDITOR'S SIGNATURE / DAT
(b)(6), (b)(7)(c)

POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE		4Coy		Y FOR ALL DETAINERS. THIS REQUIRES THAT THEY	
CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPU CONDUCTED AS NECESSARY.					
COMPONENTS	YES	No	NA	REMARKS	
Staff conduct a formal count at least once each shift.	$\boxtimes$			Facility policy and procedures require three formal counts within a 24-hour period.  Formal counts are conducted once on each shift.	
Activities cease or are strictly controlled while a formal count is being conducted.				This component is only applicable for SPCs and CDFs. Activities do cease or are strictly controlled while a formal count is being conducted.	
Certain operations cease during formal counts.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Certain operations do cease during formal counts; however, those individuals assigned to food service were not physically counted during an observed count.	
All movement ceases for the duration of a formal count.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Movement does cease during the duration of a formal count.	
Formal counts in all units take place simultaneously.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The observed 3:00 PM count did occur in all units simultaneously.	
Detainee participation in counts is prohibited.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainee participation in counts is prohibited.	
A face-to-photo count follows each unsuccessful recount.			$\boxtimes$	This component is only applicable for SPCs and CDFs. A face-to-photo count would take place after each unsuccessful recount.	
Officers positively identify each detainee before counting him/her as present.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Positive identification occurs at the 9:00 PM and 3:00 PM counts.	
Written procedures cover informal and emergency counts.  • They are followed during informal counts and emergencies.					
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.				Academy training and Field Officer Training programs includes documented instruction on taking counts.	
		AT-R	lisk	REPEAT FINDING	
REMARKS: Review of facility policy, review of count documentation, interviews with staff and observation of facility practices were used to determine compliance.  The facility complies with the requirements of this standard. There was one concern indicated as detainees assigned to food service were not physically counted in that area during an observed count. The facility relies on the housing unit's out count as correct and mechanism was observed to reconcile those individuals working in food service.					
(b)(6), (b)(7)(c) October 1 AUDITOR'S SIGNATURE / DA (b)(6), (b)(7)(c)					

POST	r ORDI	ERS		
POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST AN	25 G 1 1			
COMPONENTS	YES	No	NA	REMARKS
Every fixed post has a set of post orders.	$\boxtimes$			
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.			$\boxtimes$	This component is only applicable for SPCs and CDFs. It was noted that several post orders did not include updated revisions.
One individual or department is responsible for keeping all post- orders current with revisions that take place between reviews.				The Division Chief is responsible for revisions based on recommendations for revisions from the Major and Captains.
The IGSA maintains a complete set (central file) of post orders.				A complete set of Post Orders is maintained in an electronic file.
The central file is accessible to all staff.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Staff has access to all post orders.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The Division Chief initiates and authorizes all post-order changes.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.				This component is only applicable for SPCs and CDFs. The last page of post orders for this facility is neither signed nor dated by the Division Chief.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.		$\boxtimes$		An examination of several post orders indicate that there is no timely review or updating of post orders annually. Monitoring and control of the new key system was added as a responsibility to the Main Control staff over a year ago, but existing post orders do not include this change.
Procedures keep post orders and logbooks secure from detainees at all times.				This component is only applicable for SPCs and CDFs. Post orders and logbooks are kept secure from detainees at all times.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.				This component is only applicable for SPCs and CDFs. Every armed-post officer does qualify with the post weapon(s) before assuming post duty.
Armed-post post orders provide instructions for escape attempts.		$\boxtimes$		The Main Gate and Transportation Post Orders do not include instructions for responding to escapes.
The post orders for housing units track the event schedule.				This component is only applicable for SPCs and CDFs. Post orders for housing units do track the event schedule.
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainee activities are recorded in a log and directions for maintaining this log are found in the post orders.

■ DEFICIENT

**ACCEPTABLE** 

☐ AT-RISK

REPEAT FINDING

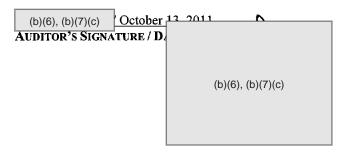
### REMARKS:

A review of the facility's policy and procedures, interviews with staff and examination of several post orders reveals basic overall compliance to the detention standard with a few exceptions.

The facility maintains a copy of all post orders on a computer which is available to all staff.

Upon examination of several post orders it was discovered revisions were not occurring in a timely manner, nor was there evidence to support that an annual review occurred.

The Main Gate and Transport Posts, which are armed assignments, do not include provisions for handling escapes.



## 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 GRU				the state of the s
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 policy and procedures provide provisions for the frequency of inspections; guidelines for checking security features, and procedures for reporting weak spots, inconsistencies, and other areas needing improvement. Posts to be inspected and required inspection forms are also a part of this policy.
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. Officers are required to conduct security checks of their assigned areas and document the results.
Documentation of security inspections is kept on file.				This component is only applicable for SPCs and CDFs. Documentation of security inspections is maintained either by log or an electronic entry.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				This component is only applicable for SPCs and CDFs. Procedures exist which ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.
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.				
The facility has a secure visitor pass system.	$\boxtimes$		<u> </u>	
Every Control Center officer receives specialized training.	$\boxtimes$			
The Control Center is staffed around the clock.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Main Control is staffed around the clock.
Policy restricts staff access to the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy does restrict staff access to the Main Control unless authorized.
Detainees are restricted from access to the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees are restricted from access to Main Control.
Communications are centralized in the Control Center.			X	This component is only applicable for SPCs and CDFs. Communications are centralized in Main Control.
Officers monitor all vehicular traffic entering and leaving the facility.				The requirement to monitor vehicles leaving the facility is specific to SPCs and CDFs. Officers do monitor all vehicular traffic entering the facility and also observe traffic leaving the facility.

SEC	IIRI	TY	IN	SPE	CTI	ONS

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. REMARKS COMPONENTS YES NA The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: This component is only applicable for SPCs The driver's name: and CDFs. Vehicles entering the sally port Company represented; are identified by company represented, date and time of arrival and departure, and the Vehicle contents; П  $\bowtie$ vehicle license number. The driver's name, Delivery date and time; vehicle contents and name of employee Date and time out: responsible for the vehicle during the visit are Vehicle license number: and not logged. Name of employee responsible for the vehicle during Officers thoroughly search each vehicle entering and leaving the This component is only applicable for SPCs  $\Box$  $\boxtimes$ and CDFs. Vehicles are not searched upon facility.  $\Box$ entering or leaving the facility. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its  $\boxtimes$  $\Box$  $\Box$ components. Tools being taken into the secure area of the facility are This component is only applicable for SPCs inventoried before entering and prior to departure. and CDFs. Tools being taken into the secure  $\boxtimes$ area of the facility are inventoried before entering and prior to departure.  $\boxtimes$ The SMU entrance has a sally port. П Written procedures govern searches of detainee housing units П 冈 П and personal areas. Housing area searches occur at irregular times. This component is only applicable for SPCs П П  $\boxtimes$ and CDFs. Staff performs searches of housing areas at irregular times. Every search of the SMU and other housing units is documented. Storage and supply rooms, walls, light and plumbing fixtures,  $\boxtimes$  $\Box$ accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented. Walls, fences, and exits, including exterior windows, are П X inspected for defects once each shift. (b)(7)(e)Daily procedures include: Perimeter alarm system tests; X Physical checks of the perimeter fence; and (b)(7)(e)Documenting the results. Visitation areas receive frequent, irregular inspections. **ACCEPTABLE** ■ DEFICIENT AT-RISK REPEAT FINDING **REMARKS:** A review of facility policy and procedures, interview with staff, examination of inspection logs and related documentation supports compliance of this standard. Walls, fences, and exits, including exterior windows, are inspected for defects (b)(7)(e)(b)(6), (b)(7)(c) / October AUDITOR'S SIGNATURE / I (b)(6), (b)(7)(c)

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# 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 IDISCIPLINARY SEGREGATION!" STANDARD).

[DISCH LINANT SECRECATION] STANDARD).		<del></del>	<del>4 + 4 + +</del> +	<del>and the state of </del>
COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.  • Detainees are placed in the SMU (administrative) in accordance with written criteria.	$\boxtimes$			Facility policy provides guidelines for placing detainees in administrative segregation.
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. A review occurs within 72 hours of the detainee's placement in administrative segregation and a supervisory officer conducts a review every seven days for the first two months of a detainee's confinement.
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. A supervisory officer does conduct a review of a detainee's administrative segregation placement every seven days for the first two months, which includes an interview with the detainee and a written record made of the decision and the justification. Administrative confinement does not normally exceed 60 days.
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.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The detainee does not receive a copy of the decision or justification for each review but always has the opportunity to file an appeal.
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. ICE staff would be notified if a detainee's stay in administrative detention exceeds 30 days. Staff indicated that administrative segregation does not normally exceed 60 days; but in the event it did, ICE would be notified.
<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; however, a Captain would review the case of every detainee who objects to administrative segregation after 30 days, and provides a written record of the decision and justification to the detainee.
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.				This component is only applicable for SPCs and CDFs. Detainees are given the right to appeal the conclusions and recommendations of any review conducted after the detainee has remained in administrative segregation for seven consecutive days to the Deputy Chief.

# 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
Administratively segregated detainees enjoy the same general	$\boxtimes$			
privileges as detainees in the general population.		ш	Ц	
The SMU is:	7			,
Well ventilated;				
Adequately lighted;	$\boxtimes$			
Appropriately heated; and	ļ			
Maintained in a sanitary condition.				
All cells are equipped with beds.	$\boxtimes$			
<ul> <li>Every bed is securely fastened to the floor or wall.</li> </ul>		_ ⊔		
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 occupancy limit has not been exceeded
Do criteria for objectively assessing living standards				by the facility.
exist?				
If yes, are the criteria included in the written				
procedures?				
The segregated detainees have the same opportunities to		l		
exchange/launder clothing, bedding, and linen as detainees in the				
general population.				
Detainees receive three nutritious meals per day, from the				Nutritional meals are provided and detainees
general population's menu of the day.	$\boxtimes$			eat only with disposable utensils. Food is not
Do detainees eat only with disposable utensils?				used as punishment at this facility.
Is food ever used as punishment?				
Each detainee maintains a normal level of personal hygiene in				
the SMU.		l ,	۱ ــ.	Daily opportunities to shower and shave are
The detainees have the opportunity to shower and	$\boxtimes$			provided.
shave at least three times a week.				•
If not, explain.		ļ		
The detainees are provided:				
Barbering services;				
Recreation privileges in accordance with the "Detainee				
Recreation" standard;			İ	
Non-legal reading material;		l		Barber clippers are provided to individuals in
Religious material;		⊔		segregation upon request. Other services are
The same correspondence privileges as detainees in the				provided as listed.
general population;		i		
Telephone access similar to that of the general				
population; and				
Personal legal material.	_			
A health care professional visits every detainee at least three				Health care providers visit the unit twice a
times a week.				day and supervisors are required to visit daily
The shift supervisor visits each detainee daily.				to include weekends and holidays.
Weekends and holidays.		+		
Procedures comply with the "Visitation" standard.				
The detainee retains visiting privileges; and				
The visiting room is available during normal visiting	_	_		
hours.	<u> </u>	<del>├ ┌┐</del>	<del> </del>	
Visits from clergy are allowed.		1   1	1   1	

## SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

[DISCIPLINAR I SECRECATION] STANDARD).	<u> </u>	<u>aliti a dita te</u>	<u>ar in gant na </u>	
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 ☐As a group?  • Are legal materials brought to them?				A West Law program is available via a mobile computer. Additional legal materials can be provided based upon request.
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. A form I-888 is not used at this facility. Log books and electronic entries are utilized to document a detainee's placement and activities while in segregation.
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.  • Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;  • The medical officer/health care professional signs each individual's record during each visit; and  • The housing officer initials the record when all detainee services are completed or at the end of the shift.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Log book entries include meals, showers, recreation, medication administered, medical and behavioral observations, signatures of visiting medical staff, and housing officer's initials when services are completed.
A new record is created for each week the detainee is in Administrative Segregation.  The weekly records are retained in the SMU until the detainee's return to the general population.				This component is only applicable for SPCs and CDFs. Individual records are not maintained for each detainee, but activities are documented in a log book maintained in the SMU.
		] AT-R	ISK	REPEAT FINDING

#### REMARKS:

Review of facility policy and documents related to administrative segregation, interviews with staff, inspection of the SMU and observation of practices were used to determine compliance with the detention standard.

There are 16 cells in use at this facility for confining females in administrative segregation. Several cells in the HSU are used for the short term housing of males requiring administrative segregation. The facility utilizes a process which involves transfer to another nearby facility in Denver County, also under the authority of the Sheriff, for long term administrative segregation of male detainees.

While detainees in administrative segregation do have the same access to legal materials as detainees in general population, that access does not meet the detention standard's minimum requirements for legal materials that should be available for all detainees.

# 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.

OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINART RE	POND.		<u> </u>	
COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	$\boxtimes$			Facility policy and procedures provides guidelines for the placement of detainees in disciplinary segregation.
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. A supervisor, sergeant and psychologist conduct reviews of individuals assigned to disciplinary segregation at seven day intervals. The detainee does not receive a written copy of the decision and supporting reasons.
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.	$\boxtimes$			Commissary privileges are limited and recreation can be reduced as part of disciplinary sanctions.
Living conditions in disciplinary SMUs remain the same regardless of behavior.  If no, does staff prepare written documentation for this action?  Does the OIC sign to indicate approval.				
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.				
The quarters used for segregation are:	$\boxtimes$			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.				
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?	$\boxtimes$			Occupancy limits are not exceeded at this facility.
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.				
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.				

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# SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINART REA	MUND.		- 10 A Z	
COMPONENTS	YES	No	NA	REMARKS
Detainees in the SMU receive three nutritious meals per day,			]	Three nutritional meals are provided and
selected from the Food Service's menu of the day.				food is not used as punishment.
Food is not used as punishment.				1004 to not about as partisinhent.
Detainees are allowed to maintain a normal level of personal				
hygiene, including the opportunity to shower and shave at least				
three times/week.				
Detainees receive, unless documented as a threat to security:				
<ul> <li>Barbering services;</li> </ul>				
<ul> <li>Recreation privileges;</li> </ul>				Barber clippers are provided to the individual
<ul> <li>Other-than-legal reading material;</li> </ul>				upon request. Other services are provided to
<ul> <li>Religious material;</li> </ul>	الخساط	<u> </u>	لسا	detainees as required.
<ul> <li>The same correspondence privileges as other detainees;</li> </ul>				actamos as required.
and				
Personal legal material.				
When phone access is limited by number or type of calls, the				
following areas are exempt:			!	
• Calls about the detainee's immigration case or other		ا ہے ا		
legal matters;			Ш	
Calls to consular/embassy officials; and				
Calls during family emergencies (as determined by the				
OIC/Warden).				
A health care professional visits every detainee in disciplinary				A health care provider visits detainees in
segregation every week day.				disciplinary segregation twice daily. Shift
• The shift supervisor visits each segregated detainee	$\boxtimes$			supervisors are also required to visit daily to
daily				include weekends and holidays.
Weekends and holidays.  SMU detained an allowed sinites in accordance with the				
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	$\boxtimes$			
SMU detainees receive legal visits, as provided in the "Visitation" standard.				
	$\boxtimes$			
<ul> <li>Legal service providers are notified of security concerns arising before a visit.</li> </ul>				
Visits from clergy are allowed.				
The clergy member is given the option of visiting/not				
visiting the segregated detainee.				
<ul> <li>Violent/uncooperative detainees are denied access to</li> </ul>				
religious services when safety and security would				
otherwise be affected.				
SMU detainees have law library access.				
Violent/uncooperative detainees retain access to the				
law library unless adjudicated a security threat in				
writing.				Access to West Law resources are provided
• Legal material brought to individuals in the SMU on a				upon request. Additional legal materials may
case-by-case basis.				be requested.
<ul> <li>Staff documents every incident of denied access to the</li> </ul>				
law library.				
All detainee-related activities are documented, e.g. meals served,				Log books are used to record detainee related
recreation activities, visitors, etc.			╽Ш	activities while assigned to this unit.

## SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

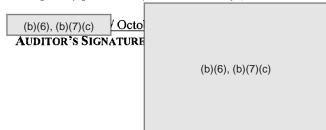
**POLICY:** EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	YES	No	NA	REMARKS	
The SPCs, the Special Management Housing Unit Record (I-888 or 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).				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. Log books and electronic entries are utilized to document detainee placement in disciplinary segregation and activities. Form I-888 is not utilized by the 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, however, the elements of this standard. SMU staff do record whether the detainee ate, showered, exercised, took medication etc, but this information is maintained in the SMU log book or electronic entry. Information regarding the detainee's behavior would also be documented in the log. Since there are no individual records maintained, the health care official or housing officer does not sign the record. Individual records are not maintained or created weekly.	
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING					

### **REMARKS:**

Review of facility policy and documents related to disciplinary segregation, interviews with staff, inspection of the SMU and observation of practices were used to determine compliance with the detention standard.

There are 16 cells currently in use for the female population of this facility; several cells have been identified for use in the medical department for the short term housing of males requiring assignment to disciplinary segregation. The facility utilizes a process for males which includes the transfer to another nearby facility in Denver County, also under the authority of the Sheriff, for long term disciplinary placement (more than 15 days) for males.



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### TOOL CONTROL

**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.

TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.		151 f	<u> </u>	
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.		$\boxtimes$		No one person has direct responsibility for the tool control program at the facility.
Department heads are responsible for implementing this standard in their departments.				This component is only applicable for SPCs and CDFs. Department heads are responsible for implementing this standard in their respective departments.
Tool inventories are required for the:  • Maintenance Department;  • Medial Department;  • Food Service Department;  • Electronics Shop;  • Recreation Department; and  • Armory.				Tool inventories were provided for the Maintenance, Medical and Food Service Departments. There is no Electronic shop at the facility and tools are not maintained by Recreation or the Armory.
<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 has a tool classification system. Tools are classified according to:  Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).		$\boxtimes$		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 use a tool classification system.
Department heads are responsible for implementing tool-control procedures.				This component is only applicable for SPCs and CDFs. Department heads are responsible for implementing tool control procedures.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	⊠			Maintenance tools are maintained in a shop outside the facility, and tools brought into the facility are inventoried and monitored. Tools maintained in the Maintenance Department were engraved.
<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>				Shadow boards were observed and utilized in both the Maintenance and Food Service departments.
Each facility has procedures for the issuance of tools to staff and detainees.	$\boxtimes$			Maintenance and Food Service departments have procedures in place for issuing tools to both staff and detainees.
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.				
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	$\boxtimes$			

Page 73 of 82

TOOL CONTROL  TO								
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.			2 th 1 th	현실 환경수에는 얼마나 하라는 이번 이 그리				
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	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	JSK	REPEAT FINDING				

### REMARKS:

A review of facility policy and procedures, interviews with staff and examination of existing documentation supports compliance of the Tool Control standard.

The facility does not assign responsibilities for tool control to one individual; nor do they have a tool classification system. Department heads are responsible for implementing tool control procedures in their respective departments.

(b)(6), (b)(7)(c) / October 1 AUDITOR'S SIGNATURE / DA	
	(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.

ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.							
STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTA	TION IS	HANDLI	ED 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.				REWARS			
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.							
Supervisors maintain records for each vehicle operator.							
<ul> <li>Officers use a checklist during every vehicle inspection.</li> <li>Officers report deficiencies affecting operability; and</li> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>							
<ul> <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>							
(b)(7)(e)fficers with valid CDLs required in any bus transporting detainees.  • When buses travel in tandem with detainees, there are (b)(7)(e)qualified officers per vehicle.  • An unaccompanied driver may transport an empty vehicle.							
Before the start of each detail, the vehicle is thoroughly searched.							
Positive identification of all detainees being transported is confirmed.							
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.							
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.							
(b)(7)(e)	П	П					
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.  • One officer remains in the vehicle at all times when detainees are present.							

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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.

CONTROL OF THE DETAINEE CASE,	w.r 1	<b>37</b> - 1	70.7	
COMPONENTS	YES	No	NA	REMARKS
Meals are provided during long distance transfers.				
• The meals meet the minimum dietary standards, as				
identified by dieticians utilized by ICE.				
The vehicle crew inspects all Food Service pickups before				
accepting delivery (food wrapping, portions, quality, quantity,				
thermos-transport containers, etc.).				
<ul> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the</li> </ul>			П	
Food Service representative;	ᅠᅵᅵ	ш	LJ	
Basins, latrines, and drinking-water				
containers/dispensers are cleaned and sanitized on a				
fixed schedule.				
Vehicles have:				
• • • • • • • • • • • • • • • • • • •				
•	П			
(b)(7)(e)	_	_	_	
The vehicles are clean and sanitary at all times.				
Personal property of a detainee transferring to another facility is:				
<ul> <li>Inventoried;</li> </ul>				
<ul> <li>Inspected; and</li> </ul>				
<ul> <li>Accompanies the detainee.</li> </ul>				
The following contingencies are included in the written				. !
procedures for vehicle crews:				
• Attack				
• Escape				
Hostage-taking				
<ul> <li>Detainee sickness</li> </ul>				
Detainee death	П		Ιп	
Vehicle fire		L1		
• Riot				
Traffic accident			l	
Mechanical problems				
<ul> <li>Natural disasters</li> </ul>				
Severe weather		Ì		
Passenger list includes women or minors	L	<u></u>		
ACCEPTABLE DEFICIENT		AT-R	usk	REPEAT FINDING

Based on interviews with fa	acility and ICE staff, it was de	termined that transportation	of ICE detainees is arra	nged and coordinated b
ICE personnel				

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AUDITOR'S SIGNATURE / I

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

USE		

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 REMARKS Written policy authorizes staff to respond in an immediate-use-Facility policy and procedures do exist which of-force situation without a supervisor's presence or direction. X  $\Box$ provide guidelines for use of force situations at the facility. 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 X others, officers must try to resolve the situation without resorting Written policy asserts that calculated rather than immediate use Policy does not include language that of force is feasible in most cases. 冈 supports a calculated approach instead of an immediate use of force. The facility subscribes to the prescribed Confrontation Although medical treatment is provided after Avoidance Procedures. a use of force event, staff indicates the health  $\Box$ П  $\boxtimes$ • Ranking detention official, health professional, and professionals are not normally contacted others confer before every calculated use of force. before a calculated use of force. When a detainee must be forcibly moved and/or restrained, and Training curriculums were reviewed which there is time for a calculated use of force, staff uses the Use-of- $\boxtimes$ П support that staff receive training in team Force Team Technique. techniques. Under staff supervision. Staff members are trained in the performance of the Use-of-X Force Team Technique. All use-of-force incidents are documented and reviewed. A review of documents suggests all incidents  $\boxtimes$ П are documented by involved staff and reviewed by senior staff. Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force; X Use only as much force as necessary to control the П detainee; and Use restraints only when other non-confrontational

means, including verbal persuasion, have failed or

Medication may only be used for restraint purposes when

authorized by the Medical Authority as medically necessary.

Use-of-Force Team follows written procedures that attempt to

prevent injury and exposure to communicable disease(s).

are impractical.

 $\boxtimes$ 

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### **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:

COMPONENTS	YES	No	NA	REMARKS
Standard procedures associated with using four-point restraints				
include:			•	
<ul> <li>Soft restraints (e.g., vinyl);</li> </ul>			]	
<ul> <li>Dressing the detainee appropriately for the</li> </ul>		İ		
temperature;				
<ul> <li>A bed, mattress, and blanket/sheet;</li> </ul>		-		
<ul> <li>Checking the detainee at least every 15 minutes;</li> </ul>	$\boxtimes$			The facility currently utilizes (b)(7)(e)
<ul> <li>Logging each check;</li> </ul>			-	(b)(7)(e)
<ul> <li>Turning the bed-restrained detainee often enough</li> </ul>				(=)(-)(-)
to prevent soreness or stiffness;				
<ul> <li>Medical evaluation of the restrained detainee twice</li> </ul>				
per eight-hour shift; and				
When qualified medical staff is not immediately				
available, staff position the detainee "face-up".				
The shift supervisor monitors the detainee's position/condition				
every two hours.	$\boxtimes$		$  \Box  $	
• He/she allows the detainee to use the rest room at				
these times under safeguards.				
All detainee checks are logged.	Ĭ			
In immediate-use-of-force situations, staff contacts medical staff	$\boxtimes$			Medical treatment is provided once the
once the detainee is under control.				detainee is under control.
When the OIC authorizes use of non-lethal weapons:				
<ul> <li>Medical staff is consulted before staff use pepper</li> </ul>				Medical is not always consulted prior to the
spray/non-lethal weapons.				use of non-lethal weapons.
Medical staff reviews the detainee's medical file			]	
before use of a non-lethal weapon is authorized.			<u> </u>	
Special precautions are taken when restraining pregnant	5-4			
detainees.	$\boxtimes$		🗀	
Medical personnel are consulted				
Protective gear is worn when restraining detainees with open	$\boxtimes$			
cuts or wounds.				
Staff documents every use of force and/or non-routine	$\boxtimes$			
application of restraints.				
It is standard practice to review any use of force and the non-			l ,	Senior staff reviews all incidents involving
routine application of restraints.	$\boxtimes$	ΙШ	▎╙	force and non-routine application of
All officers receive training in calf defence configuration				restraints.
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.				
=	$\boxtimes$			
<ul> <li>Specialized training is given and Officers are certified in all devices they use.</li> </ul>				
In SPCs, is the Use of Force form is used? In other facilities	**	<del> </del>		The requirement to use the "Use of Force
(IGSAs / CDFs) is this form or its equivalent used?	$\boxtimes$			form" is specific to SPCs. An equivalent
(1307167 ODI 67 to tille form of its equivalent useur			🖳	form is used by this facility.
		<u></u>	<u> </u>	
$oxedsymbol{\square}$ Acceptable $oxedsymbol{igtimes}$ Deficient	L	AT-R	lisk	REPEAT FINDING

### REMARKS:

Review of facility policy, review of documented use of force incidents and training curriculum, and interviews with staff were used to evaluate compliance with this standard.

Facility policy does not include provisions supporting confrontation avoidance techniques or a calculated rather than immediate use of force be used when possible.

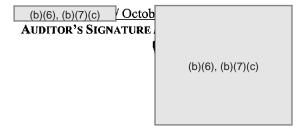
Medical staff is not always consulted prior to the authorized use of non-lethal weapons. The detainee's medical file is not reviewed prior to calculated use of force situations.

The facility utilizes	(b)(7)(e)	There are no other chemicals available at the fac	cility.	Facility policy does not prohibit
the use o (b)(7)(E)				•
(b)(7)(e)		are routinely issued and used by staff at this facility.	There	is no current prohibition on the
use of this equipment on ICE	detainees by	policy.		-
	_	•		
/L\/7\/_\	ara alaa issaa	ad to staff for use of famous situations, which is summed	414	4b

(b)(7)(e) are also issued to staff for use of force situations, which is currently not on the approved ICE list of non-lethal equipment. There is no prohibition regarding use of these weapons on ICE detainees.

Upon review of policy and staff training curriculums, the facility was previously utilizing (b)(7)(E) s a permitted Use of Force option. This use of force technique is prohibited by the detention standard. Based on a 2010 incident at another facility in the county and pursuant to notification to all officers effective August 22, 2010, the use of this technique in use of force situations was suspended. The restraint technique is not currently being taught in the Use of Force curriculum. It should be noted that the matter is under review by Denver County officials and a decision has not been made regarding future use of the technique.

The facility procedures violate many essential requirements of the detention standard and have been rated deficient as a result.



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<b>POLICY:</b> PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN 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. There have been no ICE detainees at this facility during the past year. The IEA assigned to this facility advised he has standing orders to conduct announced and unannounced visits at this facility weekly.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	$\boxtimes$			
Scheduled visits are posted in ICE detainee areas.		$\boxtimes$		A visiting schedule is not posted.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	$\boxtimes$			
ICE information request Forms are available at the IGSA for use by ICE detainees.		$\boxtimes$		There are no ICE information request forms available at the facility.
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.			$\boxtimes$	There have been no detainee requests during this past reporting period because there have been no ICE detainees housed at the facility in the past year.
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.				
□ ACCEPTABLE □ DEFICIENT		] AT-R	ISK	REPEAT FINDING
REMARKS:  ICE maintains good presence at the facility and has procedures i	n place	to ensur	e good s	staff-detainee communications if and when ICE

ICE maintains good presence at the facility and has procedures in place to ensure good staff-detainee communications if and when ICE detainees are housed at this facility.

ICE has not posted a schedule of ICE visits in detainee living areas, and there are no ICE Information Request Forms available at the facility. It should be noted that there have been no ICE detainees housed at the facility this past reporting period.

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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	ILO	140	INA	KEMAKKS
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				DACS has been replaced by the Enforcement Alien Removal Module (EARM).
Notification includes the reason for the transfer and the location of the new facility.				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	$\boxtimes$			
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>				Facility policy and procedure addresses the confidentiality and security of detainee transfers.
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.				
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.			$\boxtimes$	This facility does not have ICHS (formerly DIHS) staff assigned.
For medical transfers, transporting officers receive instructions regarding medical issues.	$\boxtimes$			
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	$\boxtimes$			
Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$			
Meals are provided when transfers occur during normally schedule meal times.	$\boxtimes$			
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	$\boxtimes$			

### DETAINEE TRANSFER STANDARD

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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-RISK		JSK	REPEAT FINDING

#### REMARKS:

The facility and ICE staff will coordinate detainee transfers as required.

Confidentiality and security of transfer information is adequately addressed.

Medical needs, dietary requirements, file transfer, and detainee property procedures are all in compliance with the detention standard.

(b)(6), (b)(7)(c) / October AUDITOR'S SIGNATURE / D. (b)(6), (b)(7)(c)