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



MEMORANDUM FOR:

Deborah Achim

Field Office Director

San Antonio Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

East Hidalgo Detention Center Annual Review 2011

The annual review of the East Hidalgo County Detention Center conducted on November 15 – 17, 2011, in La Villa, TX has been received. A final rating of **Acceptable** has been assigned and this review is now 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-324 Detention Facility Review Form, the G-324 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) 738 (6), (b)(7)c

cc: Official File

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www.ice.gov

Contract Number

Basic Rates per Man-Day

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

Guard/Transportation \$17.00/ hr. and .50 per mile

79-03-0009

\$52.00

A. Type of Facility Reviewed	Estimated Man-da	avs Per Year	:		
ICE Service Processing Center	31, 320	•			
ICE Contract Detention Facility	,				
ICE Intergovernmental Service Agreement	G. Accreditation	n Certificate	s		
	List all State or N			on[s] recei	ved:
B. Current Inspection	Texas Jail Comm				
Type of Inspection	Trustee			· cocini D	
Field Office HQ Inspection	Check box if	facility has n	o accr	editation[s	1
Date[s] of Facility Review					•
November 15-17, 2011	H. Problems / C	omplaints (	Copie	s must be	attached)
	The Facility is un				
C. Previous/Most Recent Facility Review	Court Order			Action Ord	
Date[s] of Last Facility Review	The Facility has S	Significant Li	itigatio	n Pending	
June 27-29, 2011	☐ Major Litigati			afety Issue	
Previous Rating	Check if Non				
Superior ☐ Good ☒ Acceptable ☐ Deficient ☐ At-Risk					
	I. Facility Hist	ory			
D. Name and Location of Facility	Date Built				
Name	February 1998				
East Hidalgo Detention Center	Date Last Remod	leled or Upgr	aded		
Address (Street and Name)	September 2011				
1300 East Highway 107	Date New Construction / Bed space Added				
City, State and Zip Code	September 2011				
La Villa, Texas 78562	Future Construction Planned				
County	Yes No Date:				
Hidalgo			Dada	naaa (# Na	w Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	Current Bed spac			pace (# Ne A Date: N/	
Elberto Bravo, Warden	1,346	Numo	er. IN/A	A Date: N/	A
Telephone # (Include Area Code)	T T ( 1 E 114	D 14			
956-262)(6), (b)(7)c	J. Total Facilit			.1	
Field Office / Sub-Office (List Office with oversight responsibilities)	Total Facility Inta	ake for previo	ous 12	months	
Harlingen	8, 649				
Distance from Field Office	Total ICE Man-da	ays for Previ	ous 12	months	
20 miles	4,205				
E ICE Information	TZ C1 10 41		E CD		E 0 L)
E. ICE Information	K. Classificatio				
Name of Inspector (Last Name, Title and Duty Station)	4.1.1.2.6.1	L-	1	L-2	L-3
b)(6), (b)(7) LCI / Nakamoto Group, Inc.	Adult Male	0		0	0
Name of Team Member / Title / Duty Location	Adult Female	0		0	0
(b)(6), (b)(7) CI-Security / Nakamoto Group, Inc.		0		0	0
Name of Team Member / Title / Duty Location	<b>.</b>				
(b)(6), (b)(7)c/ CI-Medical / Nakamoto Group, Inc.	L. Facility Capa	_			
Name of Team Member / Title / Duty Location		Rated	_	rational	Emergency
(b)(6), (b)(7)c/ CI-Safety/Food Serv. / Nakamoto Group, Inc.	Adult Male	1202		1202	1202
Name of Team Member / Title / Duty Location	Adult Female	144		144	144
/ /	☐ Facility holds	Juveniles Off	enders	16 and old	er as Adults
F. CDF/IGSA Information Only	M. Average Dai	ily Populatio	n		

M. Average Daily Population
-----------------------------

	ICE	USMS	Other
Adult Male	175	787	145
Adult Female	0	58	40

N. Facility Staffing Level

Security:	Support:
(b)(7)e	(b)(7)e

Date of Contract or IGSA

March 17, 2009

# Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec	
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	0	Physical	0	
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0	
	Without Weapon	11	0	7	0	
Assault:	Types (Sexual Physical, etc.)	0	0	0	0	
Detainee on Staff	With Weapon	0	0	0	0	
	Without Weapon	0	0	0	0	
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	2	1	0	
Disturbances <sup>4</sup>		0	0	0	0	
Number of Times Chemical Agents Used		1	0	0	0	
Number of Times Special Reaction Team Deployed/Used		0	2	1	0	
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0	
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0	
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	0	1	
Escapes	Attempted	0	0	0	0	
	Actual	0	0	0	0	
Grievances:	# Received	7	11	8	5	
	# Resolved in favor of Offender/Detainee	2	3	0	0	
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	S	0	0	0	
	Number	1	0	0	0	
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	0	1	
	# Psychiatric Cases referred for Outside Care	0	0	0	0	

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

Form G-324A SIS (Rev. 7/9/07)

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

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

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

DHS	ICE Detention Standards Review Summary Report	
	ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable	
	Access Standards	1. 2. 3. 4. 5.
1.	Access to Legal Materials	
2.	Group Presentations on Legal Rights	
3.	Visitation	
4.	Telephone Access	
Detai	nee Services	
5.	Admission and Release	
6.	Classification System	
7.	Correspondence and Other Mail	
8.	Detainee Handbook	
9.	Food Service	
10.	Funds and Personal Property	
11.	Detainee Grievance Procedures	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	
13.	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
15.	Recreation	
16.	Religious Practices	
17.	Voluntary Work Program	
Healt	h Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Secui	ity and Control	
22.	Contraband	
23.	Detention Files	
24.	Disciplinary Policy	
25.	Emergency Plans	
26.	Environmental Health and Safety	
27.	Hold Rooms in Detention Facilities	
28.	Key and Lock Control	
29.	Population Counts	
30.	Post Orders	
31.	Security Inspections	
32.	Special Management Units (Administrative Segregation)	
33.	Special Management Units (Disciplinary Segregation)	
34.	Tool Control	
35.	Transportation (Land management)	
36.	Use of Force	
37.	Staff / Detainee Communication (Added August 2003)	
38.	Detainee Transfer (Added September 2004)	

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

### **LCI Review Assurance Statement**

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)c	
Title & Duty Location	Date
Lead Compliance Inspector, Nakamoto Group, Inc.	November 17, 2011
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Security, Nakamoto Group, Inc. Print Name, Title, & Duty Location	(b)(6), (b)(7)c CI-Safety/Food Service, Nakamoto Group, Inc. Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Medical, Nakamoto Group, Inc.	
Recommended Rating:  Superior Good Acceptable Deficient At-Risk	

Comments: The East Hidalgo Detention Center is a 1346 bed facility operated by Louisiana Corrections Services, Inc. This facility was inspected in June, 2011 as an Under 72 hour facility. This inspection is being conducted as an Over 72 hour inspection.

(b)(7)e

ESCAPES: This facility has not had any escapes or escape attempts during the past 12 months.

DEATHS: This facility has had one death during the past 12 months. A non-ICE detainee committed suicide. The following is a summary of that death:

On March 11, 2011 at approximately 10:30 PM., a 31 year old male non-ICE detainee was observed with a shoe string around his neck, hanging from the wire mesh covering of his cell door in Housing Unit 14, D wing, cell 1. Correctional officers, Unit Medical Staff and EMS responded and performed CPR but could not revive the detainee. There were no concerns noted during the intake suicide risk screening. Medical staff indicated that there were mental health concerns in previous incarcerations but not during this one. The individual was not on a suicide watch at the time of his death. The facility conducted an investigation.

Office of Detention and Removal

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



# **ICE Detention Standards Review Worksheet**

Local Jail – IGSA
State Facility – IGSA
☐ ICE Contract Detention Facility
Name
East Hidalgo Detention Center
Address (Street and Name)
1300 East Highway 107
City, State and Zip Code
La Villa, Texas 78562
County
Hidalgo
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
Elberto Bravo, Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c
Date[s] of Review
From 11/15/2011 to 11/17/2011
Type of Review
<b>☐</b> Headquarters <b>☐</b> Operational <b>☐</b> Special Assessment <b>☐</b> Other

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DETAINEE TRANSFER STANDARD

**NOTE:** FOR EACH STANDARD RATED <u>BELOW</u> 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, <u>INCLUDING</u> THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

# SECTION I DETAINEE SERVICES STANDARDS

# ACCESS TO LEGAL MATERIALS

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

FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND TH	IE OPPOI	CTUNITY	TOPRE	PARE LEGAL DOCUMENTS.
COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	$\boxtimes$			The facility maintains a law library that is approximately 15 ft. by 20 ft. It contains three book cases full of State and Federal law books. The library also has one computer that has an updated Lexis Nexis program on it.
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.			$\boxtimes$	The facility uses the Lexis Nexis as the source for Attachment A materials.  Therefore there is no requirement to post the listing of materials.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.				The library currently contains one computer and one chair and table. Only one detainee is allowed in the law library at a time.
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	$\boxtimes$			The library contains one computer that has the Lexis Nexis and Microsoft word program on it in lieu of a typewriter. Detainees are provided with enough supplies for daily use.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	$\boxtimes$			
Where provided, the Lexis Nexis library is updated and is current.	$\boxtimes$			ICE provides the Lexis Nexis discs and the law library officer does the updates. The program was last updated in August, 2011.
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.	$\boxtimes$			
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	$\boxtimes$			A facility correctional officer who is responsible for the law library inspects and updates materials when necessary.
Detainees are offered a minimum 5 hours per week in the law library. <u>Detainees are not required to forego recreation time in lieu of library usage</u> . Detainees facing a court deadline are given priority use of the law library.				When a detainees needs to go to the law library, he submits a request slip to the law library officer. The officer will then schedule the detainee to go to the law library.
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	$\boxtimes$			The law library officer would assist the detainee in obtaining appropriate documents. This would be done within two to three days.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$			
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	$\boxtimes$			
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	$\boxtimes$			A detainee is allowed to maintain a reasonable amount of legal material in his possession. All excess legal material would be stored in personal property and the detainee would just submit a request slip to personal property when he needed to exchange material.

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	COMPONENTS YES NO NA REMARKS				
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	×			At this facility no detainee has ever been denied access to the law library. All denials would be documented.	
All denials of access to the law library fully documented.	$\boxtimes$			All denials would be documented but there haven't been any.	
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	$\boxtimes$				
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	$\boxtimes$				
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING					

This inspector reviewed facility policy; interviewed the law library officer and several detainees; observed the law library and the Lexis Nexis program. ICE detainees at this facility have only been housed here for less than 72 hours. The facility maintains a law library that is approximately 15 ft. by 20 ft. It contains three book cases full of State and Federal law books. The library also has one computer and it has an updated Lexis Nexis program on it. The one computer in the law library has been sufficient for the needs of the detainees. The facility is looking at adding more computers to the law library. The Lexis Nexis program was up to date and is available to all detainees. Based on this inspector's review, the facility is in compliance with the standard,

(b)(6), (b)(7)c /November 17, 2011

# ADMISSION AND RELEASE

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

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	$\boxtimes$			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. Facility policy #I-009-1 "Detainee Intake and Release" describes the orientation procedure. Intake officers address each item listed in this component. Detainees are also issued a detainee handbook.
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	$\boxtimes$			After the intake process is completed, detainees are escorted to the Health Care Unit to be screened by medical staff.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	$\boxtimes$			
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	$\boxtimes$			
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	$\boxtimes$			
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.				Facility policy #III-013-5 "Searches of Facility/Shakedowns/Contraband" addresses the procedure of personal property searches.
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.	$\boxtimes$			When a detainee reports lost or missing property, staff prepare a Report of Missing/Lost Property Form and that form is forwarded to ICE and a log is maintained.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	$\boxtimes$			
All releases are properly coordinated with ICE using a Form I-203.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, the I-201 Order to Detain or Release is used.
Staff completes paperwork/forms for release as required.  ACCEPTABLE  DEFICIENT		AT-R	ISK	REPEAT FINDING

# REMARKS:

This inspector reviewed the facility policy; interviewed the Transportation Lieutenant; reviewed classification reports; reviewed

personal property receipts and observed the booking procedure. Detainees receive a brief orientation to the facility and are issued a detainee handbook. Detainees are medically screened by medical staff after completing the intake process. They are appropriately searched and their personal property is handled in accordance with established procedures. Based on this inspector's review, the facility is in compliance with the standard.

(b)(6), (b)(7)c / November 17, 2011

# CLASSIFICATION SYSTEM

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

COMPONENTS		YES	No	NA	REMARKS
The facility has a system for classifying detain IGSAs, an Objective Classification System of		$\boxtimes$			Facility policy #IV-001 "Detainee Classification" describes the classification process. The facility uses an Objective Classification System called the Initial Assessment Scale.
<ul> <li>The facility classification system includes:         <ul> <li>Classifying detainees upon arrival;</li> </ul> </li> <li>Separating from the general principle individuals who cannot be classified.</li> <li>The first-line supervisor or designary specialist reviewing every classification.</li> </ul>	l upon arrival; and ated classification tion decision.				When detainees arrive at this facility they are classified as either minimum security, medium security or maximum security.
The intake/processing officer reviews work-fo to identify and classify each new arrival.	lders, A-files, etc.,	$\boxtimes$			Staff at this facility does not have access to A-files.
Staff uses only information that is factual determine classification assignments. unsubstantiated/ unconfirmed reports may be used to score detainees classifications.	Opinions and	$\boxtimes$			
Housing assignments are based on classificat	tion-level.	$\boxtimes$			At this facility, minimum security detainees (level 1) are never housed with maximum security (Level3) detainees.
A detainee's classification-level does not affect opportunities. Detainees recreate with poclassification designations.		$\boxtimes$			
Detainee work assignments are based up designations.	oon classification			X	ICE detainees do not work at this facility.
The classification process includes reassessme At IGSA's, detainees may request reassessmarrival.		$\boxtimes$			Facility policy states that reassessments/reclassifications shall be completed 60-90 days after the initial classification.
Procedures exist for a detainee to appeal to assignment. Only a designated supervisor specialist has the authority to reduce a class appeal.	or classification	$\boxtimes$			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. At this facility, the Chief of Security must approve a change in a classification level on appeal.
Classification appeals are resolved within five detainees are notified of the outcome within				$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, classification appeals are resolved within five business days and detainees would be notified immediately.
Classification designations may be appea authority, such as the Warden or equivalent.				$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, classification designations are appealed through the grievance process in which the Warden has the final decision.
The Detainee Handbook or equivalent for IC classification levels, with the conditions applicable to each.		$\boxtimes$			
<b>△</b> ACCEPTABLE	DEFICIENT		AT-R	ISK	REPEAT FINDING

This inspector reviewed facility policy; interviewed the Transportation Lieutenant; reviewed classification forms and the detainee handbook. During the intake process, detainees are classified using factual information provided by ICE. Detainees are classified as minimum security, medium security or maximum security. Housing assignments are based on their classification level. Minimum and maximum security detainees are never housed together. Based on this inspector's review, the facility is in compliance with the standard.

(b)(6), (b)(7)c / November 17, 2011

AUDITOR'S SIGNATURE / DATE

#### 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.

COMPONENTS YES NO NA REMARKS

# 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.

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.				The portion of this component requiring correspondence rules to be posted in the housing unit or common area is specific to SPCs and CDFs. At this facility, the rules for correspondence and other mail are posted in the housing units and are also included in the 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.				The facility provides key information in both English and Spanish.
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).	$\boxtimes$			
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.				It is the facility's policy that all incoming general correspondence and other mail are opened without the detainee being present.
Staff does not read incoming general correspondence without the Warden's prior written approval.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Staff at this facility do not read incoming general correspondence without the Warden's written approval.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				
Staff is prohibited from reading or copying incoming special correspondence.	$\boxtimes$			
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.		$\boxtimes$		The requirement for the detainee to be present when staff inspect outgoing correspondence is specific to SPCs and CDFs. Staff at this facility inspect all outgoing correspondence or other mail regardless of whether there is an existing security threat to the facility in reference to a particular detainee. The detainee is not present during this inspection.
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. When correspondence is rejected a Sender/Correspondence Notice is completed and sent with the returned mail. The detainee is also provided a copy.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	$\boxtimes$			When outgoing mail is rejected, the detainee is provided a signed Correspondence Rejection Form.
Staff maintains a written record of every item removed from detainee mail.	$\boxtimes$			

# POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL. COMPONENTS YES NO NA REMARKS The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to

COMPONENTS	ILS	110	INA	KEMAKKS
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	$\boxtimes$			Facility policy #III-013-5 "Searches of Facility/Shakedowns/Contraband" addresses the handling of discovered contraband.
The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	$\boxtimes$			At this facility, when cash is received in through the mail, mailroom staff will forward it to the Trust Office. The Trust Office will send the detainee a receipt.
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	$\boxtimes$			
Staff provides the detainee a copy of his/her identity document(s) upon request.	$\boxtimes$			When a detainee requests a copy of an identity document, that request will be forwarded to ICE.
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.				Facility policy #III-013-5 "Searches of Facility/Shakedowns/Contraband" describes the procedure for handling contraband found in detainee mail.
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	$\boxtimes$			
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	$\boxtimes$			Detainees can purchase stamped envelopes through the commissary twice a week.
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$			
ACCEPTABLE	FICIENT AT-RISK		ISK	REPEAT FINDING

# REMARKS:

This inspector reviewed facility policy; interviewed the mailroom Sergeant; observed postings; reviewed documentation and interviewed detainees. The rules for correspondence are provided to detainees in English and Spanish. Mail is processed according to the standard with the exception of: It is the facility's policy that all incoming general correspondence and other mail (including packages and publications) is opened and inspected without the detainee being present. It is also the facility's policy that staff inspects all outgoing correspondence or other mail regardless of whether there is an existing security threat to the facility in reference to a particular detainee. The detainee is not present during this inspection. Although there were two concerns, the facility is in overall compliance with the standard.

(b)(6), (b)(7)c \_\_/November 17, 2011

# 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.

WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO T	HE FACI	LITY.		
COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	$\boxtimes$			The facility handbook is provided in both English and Spanish versions.
The handbook is supplemented by the facility orientation video, where one is provided.			X	The facility does not utilize an orientation video; however a video is currently in the process of being approved.
All staff members receive a handbook and training regarding the handbook contents.	$\boxtimes$			
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	$\boxtimes$			The handbook was last revised on November, 2011.
There an annual review of the handbook by a designated committee or staff member.	$\boxtimes$			
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.	$\boxtimes$			These items are addressed in the facility handbook as well as postings in the housing units.
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.	$\boxtimes$			The handbook provides an explanation of the classification levels, with the conditions and restrictions applicable to each level.  Procedures are also outlined describing how a detainee may appeal his/her classification.
The handbook states when a medical examination will be conducted.	$\boxtimes$			The handbook states that a medical examination will be conducted within 14 days of arrival to the facility.
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.	$\boxtimes$			The handbook originally did not address count times or meal times. Prior to the conclusion of the inspection, amendments were made to the handbook to include meal times. Administrative staff indicated that count times are not included in the handbook due to security concerns. However, the facility has posted count times in ICE detainee housing units. All other elements of this component are addressed in the handbook.
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	$\boxtimes$			
The handbook describes barber hours and hair cutting restrictions.	$\boxtimes$			The handbook originally did not address barber hours. Prior to the conclusion of the inspection, amendments were made to the handbook to include barbering hours.
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	$\boxtimes$			
The handbook addresses religious programming.	$\bowtie$			

# 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.

WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.						
COMPONENTS	YES	No	NA	REMARKS		
The handbook states times and procedures for commissary or vending machine usage, where available.	$\boxtimes$					
The handbook describes the detainee voluntary work program.	$\boxtimes$			ICE detainees are not authorized to work at this facility. However, non-ICE detainees are provided information regarding the volunteer work program at this facility.		
The handbook describes the library location and hours of operation, and law library procedures and schedules.		$\boxtimes$		The handbook originally did not address library hours of operation. Prior to the conclusion of the inspection, amendments were made to the handbook to include hours of operation for the library. Library hours are noted as being 8 a.m. to 5 p.m. Monday thru Friday. Detainees are required to submit requests to utilize the libraries.		
The handbook describes attorney and regular visitation hours, policies, and procedures.	$\boxtimes$					
The handbook describes the facility contraband policy.	$\times$					
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.		$\boxtimes$		The handbook originally did not address visitation hours and schedule. Amendments were incorporated into the handbook prior to the conclusion of the inspection to include this information. The facility's visiting schedule is listed as being Monday, Wednesday, Friday and Sunday from the hours of 3:15 p m. to 6 p m.		
The handbook describes the correspondence policy and procedures.	$\boxtimes$					
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.	$\boxtimes$			Disciplinary policy and procedures are described in the handbook and include all elements listed in this component.		
The grievance section of the handbook explains all steps in the grievance process – Including:  • Informal (if used) and formal grievance procedures;  • The appeals process;  • In CDF facilities: procedures for filing an appeal of a grievance with ICE.  • Staff/detainee availability to help during the grievance process.  • Guarantee against staff retaliation for filing/pursuing a grievance.  • How to file a complaint about officer misconduct with the Department of Homeland Security.  The detainee handbook describes the medical sick call				The grievance section of the handbook provides a comprehensive explanation of all steps of the grievance process listed in this component.		
procedures for general population and segregation.	$\boxtimes$					

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.						
COMPONENTS	COMPONENTS YES NO NA REMARKS					
The handbook describes the facility recreation policy including:  Outdoor recreation hours.  Indoor recreation hours.		$\boxtimes$		The handbook originally did not address recreation hours. Amendments were incorporated into the handbook prior to the conclusion of the inspection to include this information. Recreation hours are now listed in the handbook as being offered from the hours of 7:30 a.m. to 4:00 p m., weather permitting, Monday thru Friday.		
The handbook describes the detainee dress code for daily living; and work assignments.	$\boxtimes$					
The handbook specifies the rights and responsibilities of all detainees.	$\boxtimes$					
<b>△</b> ACCEPTABLE  □ DEFICIENT		AT-R	ISK	REPEAT FINDING		

The facility provides every detainee, upon admission, with a comprehensive orientation handbook. The handbook describes the facility's rules, regulations, disciplinary system, grievance system, sanctions as well as services and programs available including medical care. English and Spanish versions are available.

The handbook was amended to include meal times, visitation, library schedules and recreation hours prior to the conclusion of the inspection. The facility has communicated these revisions to ICE detainees. Postings of the changes were noted in the ICE detainee housing units. Administrative staff indicated that memorandums would be distributed to facility staff addressing these changes.

(b)(6), (b)(7)c November 17, 2011

# FOOD SERVICE

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

WITH THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	M			The Food Service Administrator (FSA) has over six years of food service experience and is ServSafe certified. All food service staff responsibilities are in writing and are reviewed by the FSA.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.			$\boxtimes$	This component is only applicable for SPCs and CDFs. However, the Assistant Food Service Administrator (Cook Supervisor) is on duty when the FSA is off duty.
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	$\boxtimes$			A review of training files indicates that food service employees are provided training regarding the ICE "Food Service" standard.
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	$\boxtimes$			
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.  Observations indicate that Food Service staff monitor the condition of knives and dining utensils at this facility. Knives were observed to be physically secured to workstations by means of cabling when in use.
When necessary, special procedures govern the handling of food items that pose a security threat.	$\boxtimes$			
Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$			
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	$\boxtimes$			
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	$\boxtimes$			ICE detainees are not authorized to work at this facility. Non-ICE detainees assigned to the kitchen were observed to be neat, clean and appropriately dressed.
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	$\boxtimes$			ICE detainees are not authorized to work at this facility. Job descriptions for non-ICE detainee workers are reviewed on an annual basis.
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$			ICE detainees are not authorized to work at this facility. Non-ICE detainees assigned to the kitchen are provided training regarding rules and regulations of the department.
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.	$\boxtimes$			ICE detainees are not authorized to work at this facility. Non-ICE detainee workers are provided training regarding safe work practices and equipment safety. Interviews with the FSA and a review of documentation, indicates that hazardous materials training is provided.

# 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	Men	No	TAT A	Drivenzo
COMPONENTS	YES	No	NA	REMARKS
The Cook Supervisor documents all training in individual detainee detention files.				ICE detainees are not authorized to work at this facility. Training provided to non-ICE detainee workers is documented and on 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.	$\boxtimes$			The requirement for detainees to be paid in accordance with the "Voluntary Work Program" standard is specific to SPCs and CDFs. Although ICE detainees are not assigned to work details at this facility, non-ICE detainee workers are paid one dollar a day.
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.	$\boxtimes$			Meals are served at 0500, 1100 and 1630. A review of unit logs and food service records indicates that no more than 14 hours elapses between the last meal served and the first meal of the following day.
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			$\boxtimes$	The facility does not utilize cafeteria-style feeding. All meals are delivered via satellite feeding trays.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.				The section of this component requiring a 35-day menu cycle is specific to SPCs and CDFs. However, this facility utilizes a 35-day cycle menu.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	$\boxtimes$			The facility is providing a varied menu.  Items such as chili, spaghetti and tacos are offered.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	$\boxtimes$			Documentation in the file indicates that the menus were certified by a registered dietitian in May of 2011.
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	$\boxtimes$			
The Cook Foreman has the authority to change menu items if necessary.  • If yes, documenting each substitution, along with its justification  • With copy to FSA				The Cook Supervisor has the authority to make menu substitutions with justifications forwarded to the FSA. A review of documentation indicates minimal substitutions take place at this facility.
All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$			
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$			

# FOOD SERVICE

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

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.					
• Changes to the planned common-fare menu can be					
made at the facility level;					
<ul> <li>Hot entrees are offered three times a week;</li> </ul>				The facility's Common-Fare program	
<ul> <li>The common-fare menus satisfy nutritional</li> </ul>				addresses all elements of this component.	
recommended daily allowances (RDAs);	$\boxtimes$		П	Although there are no detainees currently	
<ul> <li>Staff routinely provide hot water for instant beverages</li> </ul>				participating in the program, the food service	
and foods;				department has policies and procedures in	
<ul> <li>Common-fare meals are served with:</li> </ul>				effect to comply with this element.	
<ul> <li>Disposable plates and utensils.</li> </ul>					
<ul> <li>Reusable plates and utensils.</li> </ul>					
<ul> <li>Staff use separate cutting boards, knives, spoons,</li> </ul>					
scoops, etc., to prepare the common-fare diet items.					
A supervisor at the command level must approve a detainee's	$\boxtimes$	П			
removal from the Common-Fare Program.					
The Warden, in conjunction with the chaplain and/or local	_	_	_	Documentation is on file indicating a	
religious leaders, provides the FSA a schedule of the ceremonial	$\boxtimes$	Ш		schedule of ceremonial meals has been	
meals for the following calendar year.				provided for 2012.	
The common-fare program accommodates detainees abstaining					
from particular foods or fasting for religious purposes at					
prescribed times of the year.					
Muslims fasting during Ramadan receive their meals				The facility's Common-Fare program	
after sundown.	$\boxtimes$			accommodates detainees abstaining from	
Jews who observe Passover but do not participate in				foods or for fasting purposes. The program	
the Common-Fare Program receive the same Kosher-				addresses all items listed in this component.	
for- Passover meals as those who do participate.					
Main-line offerings include one meatless meal (lunch					
or dinner) on Ash Wednesday and Fridays during Lent.	_	_	_		
The food service program addresses medical diets.	$\boxtimes$				
Satellite-feeding programs follow guidelines for proper	$\boxtimes$				
sanitation.					
Hot and cold foods are maintained at the prescribed, "safe"				Satellite tray meals were observed to be	
temperature(s) while being served.				plated at the proper temperatures (hot foods	
	$\boxtimes$	ιц	ш	140 degrees and above and cold foods 40	
				degrees and below) and delivered to the	
All meals are provided in nutritionally adequate portions.				housing pods within a two hour timeframe.	
	$\boxtimes$				
Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$				
The food service staff instructs detainee volunteers on:				ICE detainees are not assigned to work	
<ul> <li>Personal cleanliness and hygiene;</li> </ul>				details at this facility. A review of	
Sanitary techniques for preparing, storing, and serving				documentation indicates that non-ICE	
food; and	$\boxtimes$	ΙЦΙ		detainee kitchen workers are provided	
The sanitary operation, care, and maintenance of				instructions regarding all elements of this	
equipment.				component.	
Everyone working in the food service department complies with		]	]		
food safety and sanitation requirements.	$\boxtimes$				
Standard operating procedures include weekly inspections of all				The FSA and the facility Safety Officer	
food service areas, including dining and food-preparation areas	$\boxtimes$			conduct weekly safety and sanitation	
and equipment.				inspections of the kitchen.	
Who conducts the inspections?				F	

FOOD SERVICE					
<b>POLICY:</b> EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.					
COMPONENTS	YES	No	NA	REMARKS	
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 facility is inspected by the Hidalgo County Health Department two times a year. The last inspection was conducted in July of 2011. A review of the inspection reports indicated minor infractions.	
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.	⊠			The facility utilizes chemical sanitizers.  Documentation is on file indicating appropriate temperatures and sanitizing solution are being recorded. Testing of the sanitizing titration levels indicated levels were within the recommended range.	
Staff documents the results of every refrigerator/freezer temperature check.	⊠			Temperatures of all coolers and freezers were observed to be checked and recorded.  Documentation is on file indicating temperature checks are performed in the morning and evening shifts.	
The cleaning schedule for each food service area is conspicuously posted.	$\boxtimes$				
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$				
Storage areas are locked when not in use.	$\boxtimes$				
✓ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK				REPEAT FINDING	

The Food Service Department is providing detainees a varied menu with nutritious and attractively presented meals. All menus, including the Common-Fare menu, have been nutritionally analyzed, certified and approved by a registered dietitian. Interviews with detainees revealed an overall acceptance of the meals with minimal concerns expressed. There is no "cafeteria style" feeding at this facility. All meals are delivered via satellite feeding trays. The meals were noted to be prepared, plated and served within the proper time and temperature requirements.

ICE detainees are not assigned to work details at this facility. Non-ICE detainees assigned to the kitchen were observed to be neatly dressed and following a clean-as-you-go policy. Sanitation levels throughout the kitchen were observed to be maintained at a high level during the inspection. A review of sanitation inspections conducted by facility staff as well as outside independent sources indicates the department has a well-developed sanitation program in place.

(b)(6), (b)(7)c / November 17, 2011

#### 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.

BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.							
COMPONENTS	YES	No	NA	REMARKS			
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	$\boxtimes$			Facility Policy I-006, Detainee Funds, provides guidance concerning procedures for the control and safeguarding of funds and valuables. Detainee funds and valuables were observed to be separated and stored properly in a secure area. Only designated supervisors have access to these storage areas.			
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	$\boxtimes$						
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal property inventory form that meets the ICE standard?	$\boxtimes$						
Staff forwards an arriving detainee's medication to the medical staff.	$\boxtimes$						
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.			$\boxtimes$	This component is only applicable for SPCs and CDFs. A review of documentation indicates that monthly audits of baggage and non-valuable property are being conducted by the Intake/Property Supervisor.			
(b)(7) officers are present during the processing of detainee funds and valuables during in-processing to the facility. (b)(7)e officers verify funds and valuables.			$\boxtimes$	This component is only applicable for SPCs and CDFs. However, this facility has b)(7)e officers present during processing of funds and valuables. (b)(7)e officers verify funds and valuables.			
Staff searches arriving detainees and their personal property for contraband.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Facility staff was observed searching arriving detainees and their property for contraband.			
Staff procedures follow written policy for returning forgotten property to detainees.	$\boxtimes$						
Property discrepancies are immediately reported to the CDEO or Chief of Security.				This component is only applicable for SPCs and CDFs. Documentation indicates there has been no property discrepancies recorded. Facility policy and procedures are in place regarding property discrepancies. All discrepancies are required to be reported to the Chief of Security.			
Staff follows written procedures when returning property to detainees.	$\boxtimes$						
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	$\boxtimes$						

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 attempts to notify an out-proces he/she left property in the facility:  • By sending written notice to the detained address;  • Via certified mail; and  • The notice state that the detainee has to claim the property, after which it was abandoned.	inee's last known			$\boxtimes$	This component is only applicable for SPCs and CDFs. It is the facility's policy to notify detainees via written notice. The notice states that the property will be considered abandoned if not claimed within 30 days. Notification is provided via normal mail utilizing the detainee's last known address.
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.		$\boxtimes$		The section of this component requirement requirements for the disposal abandoned property is specific to Significant CDFs. Facility Policy I-009-1, Defintake and Release, provides guidate regards to the prompt forwarding of abandoned ICE detainee's property	
<b>◯</b> ACCEPTABLE	DEFICIENT		AT-R	ISK	REPEAT FINDING

The facility has policies and procedures in place to ensure the safeguarding of detainee's property. Observation of intake processing procedures indicated that detainees and their personal property are searched upon admittance to the facility. During this time, each detainee is informed in regards to what property may be retained. Detainee's funds, valuables and personal property are inventoried, receipted, stored and safeguarded during their period of detention. The facility has a secure property room that is accessible only by designated staff.

(b)(6), (b)(7)c November 17, 2011

AUDITOR'S SIGNATURE / DATE

#### 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.

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.	×			Facility Policy III-015, Grievance procedure/Administrative Remedy, provides guidance regarding standard operating procedures for the filling of formal grievances as well as informal and oral grievances. The policy provides detainees with a specific time frame up to five days within which they may voice their concerns.
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.	$\boxtimes$			
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	$\boxtimes$			
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.		$\boxtimes$		There are no documented or substantiated cases of staff retaliation against detainees who have lodged a complaint.
Procedures include maintaining a Detainee Grievance Log.  If not, an alternative acceptable record keeping system is maintained.  "Nuisance complaints" are identified in the records.  For quality control purposes, staff document nuisance complaints received but not filed.	×			The section of this component that requires "nuisance complaints" to be identified in the records and for staff to document nuisance complaints received but not filed is specific to SPCs and CDFs. The facility's Grievance Coordinator maintains a Grievance Log. All complaints are logged. There is no differentiating between nuisance and non-nuisance complaints.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$			
ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING

### REMARKS:

Detainees are provided information regarding the informal and formal grievance process. The grievance system is thoroughly explained in the facility's detainee handbook. Each detainee receives a copy of the handbook during the admissions process.

The facility has written policy and procedures that establish a means for which detainees are able to file a formal grievance. All formal grievances are logged and tracked by the facility's Grievance Coordinator. Standard procedures include providing the detainee with a written response to any formal grievance, which includes the basis for the decision. A review of the grievance log did not indicate a particular problem area or excessive numbers of complaints filed. There have been 31 grievances filed in the past year, none of which were from ICE detainees.

The facility has standard procedures for handling emergency grievances. There have been no emergency grievances filed or cases documented/substantiated of staff harassing, disciplining or retaliating against a detainee that has filed a complaint.

(b)(6), (b)(7)c November 17, 2011

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# GROUP LEGAL RIGHTS PRESENTATIONS

**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.

CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET.

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

RE	MAR	KS:
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This facility has not had any Group Legal Rights Presentations during the past 12 months.

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ISSUANCE AND EXCHANGE OF	CLOT	HING, I	BEDDI	NG, AND TOWELS
POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAIN ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDENCES FOR AS LONG AS THEY REMAIN IN DETENTION.				
COMPONENTS	YES	No	NA	REMARKS
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.  • The supply of these items exceeds the minimum required for the number of detainees.				Facility Policy IV-010, Detainee Clothing Guidelines, describes the procedures for the issuance and exchange of clothing and linen. The facility maintains a supply of these items approximately twice the rated capacity.
<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 listed in this component are specific to SPCs and CDFs. Each detainee is issued clean, temperature appropriate clothing. Detainees receive two jumpsuits and a pair of facility-issued footwear. Socks and underwear are not provided.
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.	$\boxtimes$			The bulleted items listed in this component are specific to SPCs and CDFs. Detainees at this facility receive the quantities listed in this component. Detainees receive clean bedding, linens and towels during the admission process.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	$\boxtimes$			ICE detainees are not allowed to work at this facility. However, non-ICE detainees were observed to be provided job appropriate clothing.
Detainees are provided clean clothing, linen and towels.  • Socks and undergarments - exchanged daily.  • Outer garments - twice weekly.  • Sheets - weekly.  • Towels - weekly.  • Pillowcases - weekly.				The facility provides clothing, linens and towel exchange three times per week.
Food service detainee volunteer workers are permitted to exchange outer garments daily.			$\boxtimes$	This component is only applicable for SPCs and CDFs. ICE detainees are not allowed to work at this facility. However, non-ICE detainees assigned to Food Service are allowed to exchange clothing daily.
Volunteer detainee workers are permitted to exchange outer garments more frequently.			$\boxtimes$	This component is only applicable for SPCs and CDFs. ICE detainees are not allowed to work at this facility. Non-ICE detainee workers are allowed to exchange outer

The facility provides clean clothing, bedding, linens and towels to every detainee upon arrival. Routine laundry exchange is provided each week. Hygiene products are provided and replenished as needed.

AT-RISK

**DEFICIENT** 

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**ACCEPTABLE** 

garments more frequently.

REPEAT FINDING

MARRIAGE REQUESTS				
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.				
COMPONENTS	YES	No	NA	REMARKS
The Field Office considers detainee marriage requests on a case- by-case basis.	$\boxtimes$			Interviews with the ICE Supervisory Detention and Deportation Officer (SDDO) indicate that the ICE Field Office considers marriage requests on a case-by-case basis.
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	$\boxtimes$			
It is standard practice to require a written request for permission to marry.				Facility Policy XI, Detainee Religious Practice, was amended during the inspection to include procedures to be followed for marriage requests. This information was available in the facility handbook but originally not referenced in policy.
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	$\boxtimes$			
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	$\boxtimes$			ICE forwards decision letters to the detainee and his or her legal representative.
When permission is denied, the Warden/OIC states the basis for his/her decision.	$\boxtimes$			
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	$\boxtimes$			
□ ACCEPTABLE  □ DEFICIENT		AT-R	ISK	REPEAT FINDING

The facility has policy and procedures in place regarding marriage requests. Information is provided to detainees concerning marriage request procedures via the facility handbook. Interviews with facility staff and ICE SDDO indicate that ICE detainee marriage requests would be forwarded to ICE and reviewed on a case-by-case basis. Staff stated that there have been no requests for marriages.

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#### NON-MEDICAL EMERGENCY ESCORTED TRIPS POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS. ☑ STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE. COMPONENTS YES No NA REMARKS The Field Office Director considers and approves, on a case-bycase basis, trips to an immediate family member's: Funeral: or Deathbed The facility recognizes mother, father, brother, sister, spouse, П 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 П П П individual's suitability for travel; e.g., the kind of supervision required. Each escort includes at least(b)(7) officers. Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on П П П 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 П П classification level of the detainee. Escort officers are precluded from accepting gifts/gratuities from П a detainee, or detainee's relative or friend for any reason. Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE: Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer П П narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. Standard procedure requires the immediate return to the facility П of any detainee who violates trip rules. ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING

# REMARKS:

The Chief of Security and an Immigration Enforcement Agent assigned to this facility both state that all non-medical emergency escorted trips are handled only by staff from the Immigration and Customs Enforcement Field Office or Sub-Office in control of the detainee.

# 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.	$\boxtimes$			
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.			$\boxtimes$	This component is only applicable for SPCs and CDFs. This facility has a designated Recreation Supervisor that is responsible for the recreation program.
Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			
The recreational specialist or trained equivalent supervises detainee recreation workers.				ICE detainees are not assigned to work details at this facility. Non-ICE detainees assigned to recreation areas are supervised by recreation staff.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and specialneeds detainees.	$\boxtimes$			
Dayrooms offer sedentary activities, e.g., board games, cards, television.	$\boxtimes$			The facility provides playing cards, dominoes, board games, art supplies and television in all dayrooms.
Outside activities are restricted to limited-contact sports.	$\times$			
Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$			
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	$\boxtimes$			A review of the log books indicate recreation is offered to detainees a minimum of one hour of outdoor recreation, five days a week.
Staff checks all items for damage and condition when equipment is returned.	$\boxtimes$			
Staff conducts searches of recreation areas before and after use.	$\times$			
All recreation areas under constant staff supervision.	$\times$			
Supervising staff is equipped with radios.	$\times$			
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				A review of the disciplinary/ administrative segregation logs indicates that detainees in SHU are offered a minimum of one hour of outdoor recreation, five days a week.
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	$\boxtimes$			
Special programs or religious activities are available to detainees.	$\boxtimes$			
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility requires volunteers to sign a waiver of liability before entering the facility.
Visitors, relatives or friends are not allowed to serve as volunteers.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility does not allow visitors, relatives or friends of detainees to serve as volunteers.
☐ If outdoor recreation is offered, check this box. No furth	er infor	mation	is requ	ired when outdoor recreation is offered.
If the facility has no outside recreation, are detainees considered for transfer after six months?  • If yes, written procedures ensure timely review of all eligible detainees.				
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.				

REC	REATI	ON		
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATION	AL PROC	GRAMS A	ND ACT	IVITIES TO ALL ICE DETAINEES, TO THE EXTENT
POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION TO	IAT PRO	FECT TH	EIR SAFI	ETY AND WELFARE.
COMPONENTS	YES	No	NA	REMARKS
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	П		П	
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			П	
signed by the detainee, or the OIC's written determination of the		ш	ш	
detainee's ineligibility for transfer.				
The detainee's legal representative is notified of the				
detainee's/OIC's decision.	]	]	]	
ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING

The facility provides detainees with access to recreational programs and activities, under conditions of security and supervision that protect their safety and welfare. The facility has two open air outdoor recreation areas that serve the facility's ten housing units. The recreation schedule for these areas allows detainees access to outdoor recreation a minimum of one hour every day. Indoor recreation activities include: chess, checkers, television, dominoes, art projects and card games. Outdoor recreation activities are limited to noncontact sports.

A review of the facility activity log indicates that detainees housed in disciplinary segregation are offered a minimum of one hour of access to exercise per day, five days a week.

(b)(6), (b)(7)c November 17, 2011

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# RELIGIOUS PRACTICES

**POLICY:** FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.

COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed to engage in religious services.	⊠			Facility Policy V-006, Detainee Religious Practice, offers guidance relating to providing detainees with reasonable and equitable opportunities to practice their religious faith.
Space is available for detainees to conduct religious services.	$\boxtimes$			
The facility allows detainees to observe the major "holy days" of their religious faith.  • List any exceptions.				
The facility accommodates recognized holy-day observances by:  • Providing special meals, consistent with dietary restrictions;  • Honoring fasting requirements;  • Facilitating religious services; and  • Allowing activity restrictions.			$\boxtimes$	This component is only applicable for SPCs and CDFs. This facility has procedures in place to accommodate all elements listed in this component.
Each detainee is allowed religious items in his/her immediate possession.	$\boxtimes$			Detainees are allowed to have personal religious property such as the Bible, Koran, religious headgear, crosses and Rosary Beads.
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$			
Members of faiths not represented by clergy may conduct their own services within security allowances.	$\boxtimes$			
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	$\boxtimes$			Religious services were observed being conducted during the inspection for detainees housed in Special Management Units.
<b>△</b> ACCEPTABLE		AT-R	ISK	REPEAT FINDING

The facility allows detainees the opportunity to engage in practices of their religious faith consistent with the safety, security and the orderly running of the facility. The facility does not currently have a Chaplain or designated individual responsible for managing religious activities. However, community volunteers are utilized on a weekly basis to conduct religious services. In addition, detainees are allowed to conduct their own services within the security allowances of the facility.

(b)(6), (b)(7)c November 17, 2011

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DETAINEE TH	ELEPH	ONE A	CCESS	
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT	DETAIN	EES' REA	ASONAB	LE AND EQUITABLE ACCESS TO TELEPHONES.
COMPONENTS	YES	No	NA	REMARKS

#### DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. YES No NA COMPONENTS REMARKS Detainees have access to the telephones Sunday through Friday from 6:00 a m. until Detainees are allowed access to telephones during established $\times$ П П facility waking hours. 10:30 p.m. and on Friday and Saturday from 6:00 a m. until 1:00 a.m. The facility's telephone access policy is Upon admittance, detainees are made aware of the facility's X provided in the in-take process and is also telephone access policy. described in the detainee handbook. X Access rules are posted in housing units. The facility makes a reasonable effort to provide key Key information is provided in both English information to detainees in languages spoken by any significant X and Spanish. portion of the facility's population. Telephones are provided at a minimum ratio of one telephone Telephones are provided at a ratio of one X П П per 25 detainees in the facility population. telephone for every eight to ten detainees. Telephones are inspected regularly by facility staff to ensure that Facility staff inspects detainee telephones $\times$ П П they are in good working order. weekly. The facility's maintenance department handles minor repair work on the detainee The facility administration promptly reports out-of-order telephones. If there are any major issues with $\times$ П П telephones to the facility's telephone service provider. the phones, the local telephone service provider is contacted and they respond within one or two days. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun $\times$ and completed timely. Detainees are afforded a reasonable degree of privacy for legal $\times$ П П phone calls. If a detainee is having trouble placing a confidential call he/she can submit a request A procedure exists to assist a detainee who is having trouble $\times$ П П slip to the housing unit officer and placing a confidential call. arrangements will be made for staff to assist the detainee. The facility provides the detainees with the ability to make non-X collect (special access) calls. Special Access calls are at no charge to the detainees. X The OIG phone number for reporting abuse is The OIG phone number for reporting abuse is programmed into programmed into the detainee phone system X the detainee phone system and the phone number was checked and the phone number was checked by this by the inspector during the review. inspector and a live person was talked to. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes The facility fully complies with the $\times$ alternate arrangements to provide required access within 24 requirements of this component. hours of a request by a detainee. No restrictions are placed on detainees attempting to contact $\times$ П П attorneys and legal service providers who are on the approved "Free Legal Services List". Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another $\times$ П П Facility. All telephone restrictions on detainees would $\times$ П Any telephone restrictions are documented. be documented, but there haven't been any. When an emergency phone call for a detainee The facility has a system for taking and delivering emergency is received by the facility, a supervisor would $\times$ detainee telephone messages. verify the emergency and then notify the detainee.

POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.
1 OLIC 1. ALL I ACILITILIS HOUSING ICE DETAINEES WILL FEMALE DETAINEES REASONABLE AND EQUITABLE ACCESS TO TELEFHORES.
COMPONENTS YES NO NA REMARKS
Emergency phone call messages are immediately given to detainees.
Detainees are allowed to return emergency phone calls as soon as possible.
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.
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.
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING

This inspector reviewed facility policy; interviewed a Sergeant and ICE detainees; checked postings in housing units; checked the OIG Hotline number to ensure detainees could get through. The facility has a ratio of one phone for every eight to ten ICE detainees. The phones are routinely checked by facility staff and ICE staff. All required phone numbers where available to ICE detainees. The detainees that were spoken to had no problems with the phone system. Based on this inspector's review, the facility is in compliance with the standard.

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#### 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
There is a written visitation schedule and hours for general visitation.	$\boxtimes$			The written visitation schedule is posted in the housing units and the visitor waiting area.
The visitation hours tailored to the detainee population and the demand for visitation.	$\boxtimes$			
The visitation schedule and rules are available to the public.	$\boxtimes$			If a visitor requested a copy of the visitation schedule, one would be provided.
The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$			
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	$\boxtimes$			A copy of the rules regulating visitation and the hours of visitation will be provided to a visitor upon request.
A general visitation log is maintained.	$\boxtimes$			
The detainees are permitted to retain personal property items specified in the standard.	$\boxtimes$			With written approval from the Warden, detainees can retain personal property items such as dentures, prescription glasses, legal documents and small religious items.
A visitor dress code is available to the public.	$\boxtimes$			
Visitors are searched and identified according to standard requirements.	$\boxtimes$			All visitors must have a picture identification and are searched prior to any visit.
The requirement on visitation by minors is complied with.	$\boxtimes$			Children under the age of 18 are required to be accompanied by a parent or legal guardian.
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.			X	Minors are allowed to visit at this facility.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			$\boxtimes$	Minors are allowed to visit at this facility
Detainees in special housing are afforded visitation.	$\boxtimes$			
Legal visitation is available seven (7) days a week, including holidays.	$\boxtimes$			
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	$\boxtimes$			On Monday through Friday legal visits are allowed from 8:00 a m. until 5:00 p m. On Saturday and Sunday legal visits are allowed from 8:00 a.m. until 10:00 a.m. and 5:00 p.m. until 9:00 p m.
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	$\boxtimes$			When a detainee continues a meeting with his/her representative through a meal period, a sack lunch would be provided to the detainee.
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	$\boxtimes$			When a detainee and legal service provider need to exchange legal documents, the documents are searched by an officer and then the documents can be exchanged.
There are written procedures governing detainee searches.	$\boxtimes$			
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.			$\boxtimes$	Strip searches are not required after every contact visit.
Prior to each visit, legal service providers and assistants are identified per the standard.	$\boxtimes$			Legal service providers are required to provide their Bar Card or some document verifying their legal status.

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		
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	$\boxtimes$					
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	$\boxtimes$					
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	$\boxtimes$			Facility policy #V-004 "Detainee Visitation" addresses the provisions for NGO visitation.		
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.	X			Former detainees requesting to visit with a detainee are referred to the ICE Field Office for approval.		
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	×			If a detainee requested to be examined by an independent medical service provider or an expert, that request would be forwarded to ICE for them to approve.		
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING		

#### REMARKS:

This inspector reviewed facility policy; interviewed the Administrative Captain; observed postings; reviewed the detainee handbook; reviewed visitor's log and observed the non-contact visiting area. The facility has 20 non-contact visiting stations. The visiting area was clean and well lit. The visitors that were observed were appropriately dressed. The detainee handbook described the visiting process. Based on this inspector's review, the facility is in compliance with the standard.

(b)(6), (b)(7)c // November 17, 2011 AUDITOR'S SIGNATURE / DATE

#### 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 WORK AT THE IGSA FACILITY. MARK NA ON FORM G-324A, PAGE 3 AND MOVE TO NEXT SECTION.

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

#### REMARKS:

ICE detainees are not authorized to work at this facility.

(b)(6), (b)(7)c November 17, 2011

AUDITOR'S SIGNATURE / DATE

### SECTION II HEALTH SERVICES STANDARDS

#### **HUNGER STRIKES**

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

SUSTAIN THEIR LIVES.				
COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.			×	This component is only applicable for SPCs and CDFs. Per the Licensed Vocational Nurse (LVN), who functions as the clinical supervisor in this facility, medical staff are notified when a detainee has refused three consecutive meals.
CDFs and IGSAs immediately report a hunger strike to the ICE.	$\boxtimes$			Interviews with medical staff indicate that ICE officials would be notified immediately regarding an ICE detainee's declaration of participating in a hunger strike.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	X			The Hunger Strike section of the facility Policy1V-022, Suicide Prevention and Intervention/Hunger Strike, establishes procedures that include notification of and evaluation by medical staff and monitoring of his or her food and water intake.
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. Per the LVN in this facility, a hunger striker would be isolated in one of the medical observation rooms.
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. The LVN confirmed that facility medical staff are authorized to place a detainee in one of the medical observation rooms.
Medical staff records the weight and vital signs of a hunger- striking detainee at least once every 24 hours.			$\boxtimes$	This component is only applicable for SPCs and CDFs. In accordance with the facility hunger strike procedures and as confirmed by the LVN and a review of medical hunger strike log sheet, a hunger striker's weight and vital signs are checked when the detainee is first referred to medical staff. Following admission to a medical observation room, vital signs and weights are checked once daily.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	$\boxtimes$			Per the LVN and in accordance with policy 1V-022, informed consent, written consent forms are used for invasive or other procedures that pose a potential risk to the detainee. Verbal consent is acceptable for other medical treatment.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			×	This component is only applicable for SPCs and CDFs. Refusal of Treatment forms are signed by detainees rejecting medical evaluation or treatment. If the detainee refuses to sign the form the staff will note this on the Refusal of Treatment form with (b)(7)e witnesses.
During a hunger strike, staff document and provide the hunger- striking detainee three meals a day.			$\boxtimes$	This component is only applicable for SPCs and CDFs. As confirmed by the LVN, a hunger striker detainee receives three meals a day.

#### **HUNGER STRIKES**

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

SUSTAIN THEIR LIVES.				
COMPONENTS	YES	No	NA	REMARKS
Staff maintains the hunger striker's supply of drinking water/other beverages.			$\boxtimes$	This component is only applicable for SPCs and CDFs. In this facility, hunger strikers in a medical observation room will have access to drinking water.
During a hunger strike, staff removes all food items from the hunger striker's living area.			$\boxtimes$	This component is only applicable for the SPCs and CDFs. Per the LVN, all food items are removed by staff from the hunger striker's living area.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Per the LVN in this facility, the hunger striker's food consumption and fluid intake are monitored by the medical staff and documented on the hunger strike food /water log.
The medical staff has written procedures for treating hunger strikers.	$\boxtimes$			The hunger strike section of the facility's Health Care policy establishes procedures for treating hunger strikers. These include referral to medical staff, clinical monitoring, laboratory testing, and monitoring of fluid intake and food consumption.
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Per the LVN in this facility, all medical encounters, including counseling regarding the health risks of hunger strikes, are documented in the medical record.
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.	X			Per the LVN, medical staff receive training in hunger-strike evaluation and treatment during orientation and periodically whenever a detainee is identified as a hunger striker. Per the LVN, detention staff notify the medical staff whenever a detainee refuses meals.
<b>△</b> ACCEPTABLE		AT-R	ISK	REPEAT FINDING

#### REMARKS:

This facility has been an under 72 hour facility and there have been no ICE detainee hunger strikes in the last twelve months Procedures for the identification and management of hunger strikes are in place.

(b)(6), (b)(7)c / November 17, 20011

#### ACCESS TO MEDICAL CARE

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

COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.				Copies of the physician on staff, registered nurse, license vocational nurses and medical assistants were up to date and maintained by the administrative assistant. The facility maintains a CLIA (Clinical Laboratory Improvement Amendment of 1988) waiver for limited on site laboratory testing. The facility does not have an onsite pharmacy requiring licensure.
The facility's in-processing procedures for arriving detainees include medical screening.	$\boxtimes$			In accordance with policy X11-001 Detainees Health Screening/ Medical History, and as confirmed by the LVN, ICE detainees will receive medical assessment upon arrival and prior to being assigned a housing unit. This was confirmed in the ten ICE detainee medical records reviewed. Facility policy address detainees who remain for an extended period of time shall have a medical screen performed by licensed medical personnel within 14 days of arrival. As this facility has not had ICE detainees over 72 hours, this wasn't confirmed by medical records.
All detainees have access to and receive medical care.				In accordance with facility policy 1V-013 Detainee Health Care Services, ICE detainees have access to medical care provided by licensed, registered, and/or certified health care professionals. Instructions for accessing medical care are included in the detainee handbook. Per the LVN, verbal instructions on accessing medical care are also provided at intake screening.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	$\boxtimes$			This facility has access to a telephone number of the Public Health Service nurse and is working on a secured medical on-line system for access to a managed care coordinator.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.	$\boxtimes$			Facility medical staff has a part time physician who comes two times a week, (b)(7) part time Registered Nurseb)(7) LVN's and(b)(7) Medical Assistants.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	$\boxtimes$			The medical unit has two appropriately equipped examination rooms. It also has four observation rooms, and a clinical laboratory. The intake screenings are conducted in the medical unit. Per the LVN, all screenings are done on a one to one basis in a private medical examination room.
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 to SPCs and CDFs. The medical unit had restricted access and was within the secured perimeter.

#### 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.

GENERAL WELL-BEING OF ICE DETAINEES.					
COMPONENTS	YES	No	NA	REMARKS	
The medical facility entrance includes a holding/waiting room.			$\boxtimes$	This component is only applicable for SPCs and CDFs. In this facility the medical unit includes a holding waiting room.	
The medical facility's holding/waiting room is under the direct supervision of custodial staff.			$\boxtimes$	This component is only applicable for SPCs and CDFs. As confirmed by direct observation, detention officers maintain supervision of the detainees in the medical unit's waiting room.	
Detainees in the holding/waiting room have access to a drinking fountain.				This component is only applicable for SPCs and CDFs. The medical unit has a drinking fountain in the waiting room.	
Medical records are kept apart from other files. They are:     Secured in a locked area within the medical unit;      With physical access restricted to authorized medical staff; and      Procedurally, no copies made and placed in detainee files.				Policy 1V-013, Detainees Health Care Services, requires medical records be locked in the medical unit's file room. Only authorized personnel will have access to the detainee's medical records. Medical records are stored in filing cabinets in the secure medical unit. Per the LVN, copies are not made of the medical records and placed in the detainees file. This facility does not have electronic medical records.	
Pharmaceuticals are stored in a secure area.			$\boxtimes$	This component is only applicable to SPCs and CDFs. Policy X11013, Pharmaceutical Management, requires all medications be kept in a locked area and secured at all times.	
<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>				Medical protocol Routine Testing/Follow-Up Testing requires that detainees receive Tuberculosis (TB) Skin Test upon intake and must be negative prior to being placed in general population. As this facility has been an under 72 hour facility, ICE detainees have not been here long enough for Tuberculosis Skin Tests to be conducted. Policy is in place to ensure that an ICE detainee, whose stay were to exceed 72 hours, would receive a TB test during the admission process.	
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.				This portion of the component that requires detainee to receive a mental health screening before assigned to a housing unit is specific to SPCs and CDFs. As confirmed by review of medical records, screening for mental health concerns are conducted in the intake screening by the LVN.	
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Per the LVN, the LVN conducting the intake screening identifies those detainees needing medical health follow up.	

#### ACCESS TO MEDICAL CARE

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

GENERAL WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	⊠			Policy X11-001, Detainee Intake Health screening/Medical History, establishes procedure requiring the detainees who remain at the facility for an extensive period of time shall have a medical screening performed by licensed medical personnel within 14 days of arrival. As facility has not housed ICE detainees over 72 hours this was not confirmed by medical records.
Detainees in the Special Management Unit have access to health care services.	⊠			In accordance with Policy 1V-013, Health Care Services, and as confirmed by the LVN, detainees housed in the special management unit have access to all medical care through verbal direct or written requests.
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 sizable member of the faculty's detainee population is specific to SPCs and CDFs. In this facility, in accordance with PolicyX11-005 Health Care Services, detainees with a medical complaint shall put their complaint in writing on a Medical Services Request Slip. As confirmed by the lieutenant, these forms are available in English and Spanish and are delivered daily to the medical unit.
The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	$\boxtimes$			This facility has a 24 hours per day, seven days per week medical nursing staff on duty.
The plan includes an on-call provider.			×	This component is only applicable for SPCs and CDFs. The physician is on call when not in the facility.
The plan includes a list of telephone numbers for local ambulance and hospital services.			×	This component is only applicable for SPCs and CDFs. The list for local ambulance and hospital telephone numbers is posted on the medical unit. When 911 is needed, central control is called and EMS is called.
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. Facility policies and procedures defining the plan for emergency health care include coordination of medical and security responses to a medical emergency.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	×			Per the training lieutenant responsible for training, all detention staff are trained in first aid and CPR during training.
Where staff is used to distribute medication, a health care provider properly trains these officers.				This component is only applicable for SPCs and CDFs. All medications in this facility are administered by medical staff.

ACCESS TO	MEDI	CAL CA	ARE			
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE						
GENERAL WELL-BEING OF ICE DETAINEES.						
COMPONENTS	YES	No	NA	REMARKS		
The medical unit keeps written records of medication that is distributed.	$\boxtimes$			In accordance with Policy 1V-013 and as confirmed by review of medical records, administration of medications by nursing staff is documented on detainee specific Medication Administration Record.		
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. This facility notifies the warden of a detainee with special medical needs via a telephone call.		
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	$\boxtimes$			Policy 1V-013 requires that a detainee be given information necessary to give informed consent prior to initiation of treatment, examination, or procedures.  Written consent shall be obtained for all invasive procedures.		
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			In accordance with policy 1V-013, a Release of Information Request/Authorization form shall be completed and signed prior to release of any detainee information.		
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				Per the LVN, advance notification is provided to the health care provider prior to transferring of a detainee.		
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	×			As confirmed per the administrative captain, a copy of detainee's medical records is sent with the detainee including current medications, current or chronic medical problems and/or any significant medical concerns. Full medical records are retained by facility.		
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	$\boxtimes$			Per the Administrative Captain, medical records transferred with a detainee are placed in an appropriately labeled and sealed envelope.		
<b>△</b> ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING		

#### REMARKS:

This facility does not house ICE detainees over 72 hours at this time. Policy and procedure are in place to ensure that physical examinations are conducted within 14 days for a detainee whose stay exceeds 72 hours. Policy and procedures are also in place to ensure that all detainees whose stay exceeds 72 hours will also be given a TB test during the admissions process. At this time medical co-pay is being charged to all non ICE detainees and not the ICE detainees.

(b)(6), (b)(7)c / November 17, 2011

#### SUICIDE PREVENTION AND INTERVENTION POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT. YES COMPONENTS No NA REMARKS Every new staff member receives suicide-prevention training. Per the training Lieutenant and review of Suicide-prevention training occurs during the employee training records, new staff receive suicide $\times$ П orientation program. prevention during orientation and during annual training. Training prepares staff to: Recognize potentially suicidal behavior; As confirmed by Administrative Captain and training Lieutenant, training addresses the Refer potentially suicidal detainees, following facility X recognition of suicide risk, the referral of procedures; and potentially suicidal detainees to health care staff, and suicide techniques. Understand and apply suicide-prevention techniques. (b)(6) (b)(h) threalth-care provider or specially trained officer screens all In accordance with policy 1V-022, Suicide Prevention and Intervention, and confirmed detainees for suicide potential as part of the admission process. by the Administrative Captain, screening of Screening does not occur later than one working day suicide potential is included in the intake after the detainee's arrival. screening conducted by a licensed vocational $\times$ nurse during in-processing. This screening is completed within one working day of the detainee's arrival at the facility as confirmed by the ICE detainees whose medical records were reviewed. Written procedures cover when and how to refer at-risk detainees Policy 1V-022, Procedure Suicide Prevention to medical staff and procedures are followed. and Intervention, establishes procedures for the prompt referral of an at risk detainee to medical staff. Until evaluated by appropriate medical staff, security staff will place X detainee in secure environment on a constant one to one visual observation. Trained medical staff shall evaluate the detainee within 24 hours of referral. Medical records were reviewed and there were no at risk detainees identified. The facility has a designated isolation room for evaluation and In the facility's medical unit, a designated treatment. isolation room for evaluation and treatment $\times$ П was located on each side of the medical station. The designated isolation room does not contain any structures or The designated isolation room did not smaller items that could be used in a suicide attempt. contain any structures or small items that $\times$ П П could be used in a suicide attempt. There were no ICE detainees on suicide watch during this inspection. Medical staff has approved the room for this purpose. Per the LVN the designated rooms were

#### REMARKS:

Staff observes and documents the status of a suicide-watch

detainee at least once every 15 minutes.

**▼** ACCEPTABLE

In this facility, no ICE detainee has committed or attempted suicide in the past 12 months. Policies are in place for the recognition of suicide risk, the referral of potentially suicidal detainees to health care staff and suicide techniques.

DEFICIENT

X

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AT-RISK

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approved by the medical staff.

log every 15 minutes.

Staff observe and document on the suicide

REPEAT FINDING

(b)(6), (b)(7)c November 17, 2011

#### TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

☐ CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

RELATED NOTIFICATIONS.	T			
COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.			⊠	In accordance with Policy X11-017, detainees who are chronically ill or terminally ill will be transferred to an appropriate off-site medical facility. Interviews with the ICE SDDO indicated that the facility will not receive terminally ill or severely ill detainees.
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.	⊠			In accordance with Policy X11-017, the ICE FOD or designee shall immediately notify the detainee's next of kin in regards to the detainee's medical condition and their location. ICE staff, in conjunction with the medical provider, shall provide family members with visitation instructions. This facility does not accept terminally ill or severely ill detainees.
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.				In accordance to Policy X11-017, detainees may request a Living Will other than the generic form offered.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.			$\boxtimes$	In accordance with Policy X11-017, detainees may request an attorney to prepare a Living Will at the detainee's expense.
There is a policy addressing "Do Not Resuscitate Orders"			×	Facility Policy X11-017 establishes how "Do Not Resuscitate" (DNR) orders are to be followed for a detainee diagnosed as having a terminal illness or fatal injury.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?			$\boxtimes$	According to policy X11-017, detainees with a DNR in this facility may receive all therapeutic efforts short of resuscitation. It should be noted that this facility does not accept terminally ill detainees.
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.			×	In accordance with Policy X11-017, the Clinical Director or health authority shall notify the medical director and the respective ICE Chief Counsel of the basic circumstances of any detainee with a "Do Not resuscitate" order. Interviews with the ICE Immigration Enforcement Agent stated this would be done should the facility ever accept terminally ill ICE detainees.
The facility has written procedures to address the issues of organ donation by detainees.	$\boxtimes$			This facility has written procedures regarding a detainee wishing to donate an organ.

#### TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

RELATED NOTIFICATIONS.	<b>T</b> 7	<b>3</b> 7-	37.A	D
COMPONENTS	YES	No	NA	REMARKS
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	$\boxtimes$			This facility has written policy and procedure to notify ICE officials, next of kin and consulate officials of a detainee's death.
The facility has a policy and procedure to address the death of a detainee while in transport.	$\boxtimes$			In accordance with PolicyX11-017, Notifications of Death, procedures for the death of a detainee while in transport are addressed.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	$\boxtimes$			In Policy X11-017, the procedures for the disposal of an ICE detainee's remains are addressed.
In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.  • If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?	$\boxtimes$			In accordance to Policy X11-017, procedures are in place if in the event an ICE detainee's remains are not claimed. If the detainee's records indicate U.S. military service, the Department of Veterans Affairs will be contacted by ICE.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.				In accordance with Policy X11-017, the detainee's death certificate will be placed in the detainee's A-file. Interviews with facility staff indicate this procedure would be followed.
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.	$\boxtimes$			In accordance with policy X11-01, all elements listed in this component are addressed regarding autopsies.
ICE staff follows established procedures to properly close the case of a deceased detainee.	$\boxtimes$			Interviews with the ICE Immigration Enforcement Agent indicate that procedures are in place to close cases of deceased detainees.
		AT-R	ISK	REPEAT FINDING

#### REMARKS:

This facility does not house terminally ill or severely ill ICE detainees. However, the facility does have a DNR policy in place and procedures for addressing advance directives. This facility had one non-ICE detainee death on March 11, 2011. The detainee was a white 31 year old male. Documents indicate that the detainee used his shoe strings to hang himself from the wire mesh covering of his cell door. Unit medical staff and EMS responded and performed CPR but could not revive the non-ICE detainee. There have been no ICE detainee deaths in the last twelve months at this facility.

(b)(6), (b)(7)c	November 17, 2011
AUDITOR'S SIGNAT	URE / DATE

# SECTION III SECURITY AND CONTROL STANDARDS

#### CONTRABAND

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

CONTRABAND DESTRUCTION IS REQUIRED.	T			
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.				Facility policy III-013-5 addresses facility searches and handling of contraband. Although the facility is an IGSA and is not required to inventory, hold, and report it when necessary to the proper authority for action/possible seizure, facility policy is to do so.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.			$\boxtimes$	This facility is an IGSA and is not required to retain contraband that is government property as evidence for potential disciplinary action or criminal prosecution. Facility policy is to retain such property with proper chain of custody 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.			$\boxtimes$	This facility is an IGSA and is not required to return property not needed as evidence to the proper authority or have written procedures covering the return of such property. In policy and practice, they do return such property.
Altered property is destroyed following documentation and using established procedures.			$\boxtimes$	Although this facility is an IGSA and is not required to destroy altered property following documentation using established procedures, actual policy and practice is to do so.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			$\boxtimes$	The facility is an IGSA and the OIC or designated investigator is not required to contact a religious authority prior to confiscating a religious item. However, actual policy and practice is to do so.
Staff follows written procedures when destroying hard contraband that is illegal.	$\boxtimes$			
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.				The facility is an IGSA and is not required to retain and secure hard contraband that is illegal (under criminal statutes) for official use, e.g. training purposes. Policy and actual practice is to retain such contraband and secure it when not in use.
✓ ACCEPTABLE ☐ DEFICIENT		AT-R	lisk	REPEAT FINDING

#### REMARKS:

The Chief of Security was interviewed and facility policy was reviewed in review of this standard. Facility policy is in place which identifies and prohibits the introduction of contraband into the facility. The present policy along with pre-service training and annual in-service training, provide the staff an effective guideline to control the introduction of contraband into the facility. Facility policies and staff training address confiscation, control and disposition of contraband. Facility policy meets the requirements of the detention standard. Hard contraband consisting of handmade weapons is used for training. These items are secured when not in use.

(b)(6), (b)(7)c November 17, 2011

#### **DETENTION FILES**

**POLICY:** EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.

COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.	$\boxtimes$			Facility policy # I-009 "Case Records Management" describes the process of creating and maintaining detention files.
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$			
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	$\boxtimes$			
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.	$\boxtimes$			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 in the Intake Control area. This area is staffed 24 hours a day. The files are maintained in a lockable filing cabinet that is locked at all times. Only a supervisor has access to the keys.
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.	$\boxtimes$			The Lieutenant closing the file writes on the outside of the file the date that the file is closed.
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	$\boxtimes$			
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.				Only authorized staff has access to detention files. When a file is removed from the Intake Control, it is logged out and then logged back in when it is returned.

#### REMARKS:

This inspector reviewed facility policy; interviewed the Lieutenant responsible for the detention files; observed the sign-out logbook and reviewed 20 detention files. All detainee files are maintained in a secure area that only authorized staff have access to. The detainee files contained all the appropriate documents generated while the detainee was at this facility. Based on this inspector's review, the facility is in compliance with the standard.

(b)(6), (b)(7)c	/ November 17,	2011

#### 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

COMPLIANCE WITH FACILITY RULES AND REGULATIONS.				
COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive	D			Facility policy III-008 addresses the
levels of reviews and appeals.	$\boxtimes$			Disciplinary Policy.
The facility rules state that disciplinary action shall not be				
capricious or retaliatory.	$\boxtimes$			
Written rules prohibit staff from imposing or permitting the				
following sanctions:				
<ul> <li>corporal punishment</li> </ul>				
<ul> <li>deviations from normal food service</li> </ul>				
<ul> <li>clothing deprivation</li> </ul>				
		╽┌┐	l —	
bedding deprivation	$\boxtimes$	╽┕	Ш	
<ul> <li>denial of personal hygiene items</li> </ul>				
1 70				
<ul> <li>loss of correspondence privileges</li> </ul>				
<ul> <li>deprivation of physical exercise</li> </ul>				
departured of physical chiefes				
The rules of conduct, sanctions, and procedures for violations				The rules of conduct, sanctions, and
are defined in writing and communicated to all detainees				procedures for violations are defined in
verbally and in writing.				writing and communicated to all detainees
•	$\boxtimes$			verbally and in writing during the intake
	_	-		process. This information is in the detainee
				handbook and it is posted in the housing
				units.
The following items are conspicuously posted in Spanish and				
English, and other dominate languages used in the facility:				
<ul> <li>Rights and Responsibilities</li> </ul>				This facility is an IGSA and is not required to
				post the Prohibited Acts, Disciplinary
Prohibited Acts		╽┌┐│	l	Severity Scale, and Sanctions. However, the
	$\boxtimes$	╽╙		facility does post this information along with
Disciplinary Severity Scale				the Rights and Responsibilities in both
. , ,				English and Spanish in the housing units.
<ul> <li>Sanctions</li> </ul>				
When minor rule violations or prohibited acts occur, informal				This facility is an IGSA and is not required to
resolutions are encouraged.				encourage informal resolutions of minor rule
		$  \Box  $	$\boxtimes$	violations. However, the facility does try to
	_			resolve minor rule violations through
				informal resolutions.
Incident reports and Notice of Charges are promptly forwarded				This facility is an IGSA and is not required to
to the designated supervisor.				promptly forward incident reports and notice
to the designated supervisor.		l 🖂	$\boxtimes$	of changes to the designated supervisor.
	Ш	╽┕		However, these reports are promptly
				forwarded to the designated supervisor.
T. 11				202 marges to the designated supervisor.
Incident reports are investigated within 24 hours of the incident.			l	
The Unit Disciplinary Committee (UDC) or equivalent does not	$\boxtimes$			
convene before an investigation ends.				
An intermediate disciplinary process is used to adjudicate minor	$\boxtimes$			
infractions.				

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		
<ul> <li>A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:         <ul> <li>Conducts hearings on all charges and allegations referred by the UDC;</li> </ul> </li> <li>Considers written reports, statements, physical evidence, and oral testimony;</li> <li>Hears pleadings by detainees and staff representatives;</li> <li>Bases its findings on the preponderance of evidence; and</li> <li>Imposes only authorized sanctions</li> </ul>				This facility is an IGSA and has a Disciplinary Hearing Officer that adjudicates infractions instead of a panel. The Disciplinary Hearing Officer considers all the same information in the same manner as a disciplinary panel would in a CDF or SPC.		
A staff representative is available if requested for a detainee facing a disciplinary hearing.				This facility is an IGSA and is not required to provide a staff representative if requested by a detainee facing a disciplinary hearing. However, the facility does allow and provide a staff representative if requested by a detainee in a disciplinary hearing.		
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	$\boxtimes$					
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.	×			The facility limits the maximum time in disciplinary segregation to 30 days for a single offense.		
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	$\boxtimes$			Facility policy addresses this component.		
All forms relevant to the incident, investigation, committee/panel	$\boxtimes$					

#### REMARKS:

The facility is an IGSA and has in place a Disciplinary Hearing Officer instead of a Disciplinary Panel. The inspector interviewed the facility Disciplinary Hearing Officer in review of this standard. The inspector also reviewed facility policy and detainee detention files, reviewed the detainee handbook and observed the housing unit bulletin boards. The facility has in place policies and procedures which allow staff to be aware of and to make every effort to protect detainee's rights. The facility has established policies to protect detainees from personal abuse, corporal punishment, personal injury, property damage and harassment.

DEFICIENT

AT-RISK

(b)(6), (b)(7)c November 17, 2011

AUDITOR'S SIGNATURE / DATE

**ACCEPTABLE** 

REPEAT FINDING

#### EMERGENCY (CONTINGENCY) PLANS

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

COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	$\boxtimes$			Facility policy II-009 addresses Emergency (Contingency) plans. Policy III-013, Detainee Supervision and Relationship, states: "Correction personnel shall ensure that detainees DO NOT control or supervise other detainees.
Detainees are protected from:				
<ul><li>Personal abuse</li><li>Corporal punishment</li></ul>				
Personal injury	$\boxtimes$			
• Disease				
Property damage				
Harassment from other detainees				
Staff is trained to identify signs of detainee unrest.  • What type of training and how often?	$\boxtimes$			Staff are trained to identify signs of detainee unrest during pre-service training, at basic training at the Academy and during annual in-service training.
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.	$\boxtimes$			
The plans address the following issues:  • Confidentiality				
<ul> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> </ul>	$\boxtimes$			
• Revisions				
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	$\boxtimes$			
The facility has cooperative contingency plans with applicable:				This facility is an IGSA and is not required to
Local law enforcement agencies	]	]	D	have contingency plans with outside agencies, however it does have contingency
<ul><li>State agencies</li><li>Federal agencies</li></ul>			$\boxtimes$	plans with the Hidalgo County Sheriff's Office, City of La Villa Police and Fire Departments and Texas Department of Public Safety.

#### EMERGENCY (CONTINGENCY) PLANS

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

COMPONENTS	YES	No	NA	REMARKS
All staff receives copies of Hostage Situation Management policy and procedures.				This facility is an IGSA and is not required to distribute copies of the Hostage Situation Management policy to staff. However it is posted on the wall in the facility and is given to staff during pre-service training.
Staff is trained to (b)(6), (b)(7)c  (b)(6), (b)(7)c  Within 24 hours after release, hostages are screened for medical and psychological effects.			$\boxtimes$	This facility is an IGSA and is not required to train staff to (b)(6), (b)(7)c Nor are they required to screen hostages for medical and psychological effects. However, such training is provided in pre-service and annual inservice training.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			$\boxtimes$	This facility is an IGSA and is not required to have plans including emergency medical treatment for staff and detainees during and after an incident. However, the facility's emergency plans do include such treatment
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.			$\boxtimes$	This facility is an IGSA and is not required to maintain at least three days supply of emergency meals for staff and detainees.  The facility has more than a three day supply of emergency meals for staff and detainees.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).				This facility is an IGSA and is not required to have written plans identifying locations of shut-off valves and switches for all utilities (water, gas, electric). However the facility does have written plans with shut-off valves and switches for all utilities.
Written procedures cover:  Work/Food Strike  Disturbances  Escapes  Bomb Threats  Adverse Weather  Internal Searches  Facility Evacuation  Detainee Transportation System Plan  Internal Hostages  Civil Disturbances				
<b>△</b> ACCEPTABLE		AT-R	ISK	REPEAT FINDING

REMARKS:

The inspector interviewed the Administrative Captain, reviewed the facility emergency plan manual and reviewed the facility policy during review of this standard. The facility has signed cooperative contingency agreements with agencies such as the Hidalgo County Sheriff's Office, La Villa Police Department, La Villa Fire Department and Texas Department of Public Safety. Training on emergency plans is provided in pre-service training and annual in-service training. The facility has written procedures which cover all of the items listed in this standard.

(b)(6), (b)(7)c / November 17, 2011

#### 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.	$\boxtimes$			Facility Policy III-006, Flammable, Toxic, Caustic Material Control, describes procedures regarding the storing, issuing and inventory control of hazardous materials.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	$\boxtimes$			A review of the hazardous chemical storage areas indicated accurate inventories were being maintained. Inventories in the laundry and food service areas were found to be 100 percent accurate.
<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>				The facility's Safety Officer maintains a master list of all Material Safety Data Sheets (MSDS). MSDSs were observed to be up-to-date. Prior to the conclusion of the inspection, the master file was amended to include a list of all storage areas and included a plant diagram and legend of these areas.
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.	$\boxtimes$			Personal protective equipment was observed to be in use during the inspection. The facility has policy and procedures in place for the reporting of hazards and spills to the appropriate official.
The MSDSs are readily accessible to staff and detainees in work areas.	$\boxtimes$			MSDSs were observed to be readily accessible in Food Service, Medical, Laundry, Maintenance and housing units.
<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>	$\boxtimes$			
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	$\boxtimes$			
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	$\boxtimes$			
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.	$\boxtimes$			
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	$\boxtimes$			Temperatures were observed to be maintained at 74 degrees in the housing units.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	$\boxtimes$			Water temperatures were tested in the housing units and found to be in the 110-115 degree range.
All toxic and caustic materials are stored in their original containers in a secure area.	$\boxtimes$			
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	$\boxtimes$			

#### 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
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.			$\boxtimes$	The facility does not utilize products containing methyl alcohol.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	$\boxtimes$			
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).	$\boxtimes$			The facility complies with applicable codes, standards and regulations. The Safety Officer has the most recent NFPA codes and OSHA regulations. Documentation on file indicated the facility received an acceptable rating from the Hidalgo County Fire Marshal.
A technically qualified officer conducts the fire and safety inspections.	$\boxtimes$			
The Safety Office (or officer) maintains files of inspection reports.	$\boxtimes$			
The facility has an approved fire prevention, control, and evacuation plan.	$\boxtimes$			The facility's fire prevention, control and evacuation plan has been approved by the Hidalgo County Fire Marshal.
<ul> <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>				The facility has a comprehensive fire prevention, control and evacuation plan. All items listed in this component were observed to be in place.
Fire drills are conducted and documented monthly.	$\boxtimes$			A review of the fire drills indicates monthly fire and emergency key drills are being conducted.
A sanitation program covers barbering operations.		$\boxtimes$		The facility does not have a sanitation program covering barbering operations.
The barber shop has the facilities and equipment necessary to meet sanitation requirements.		M		The facility does not have a specific area designated as a barbershop. The facility currently uses an available empty cell within housing units to perform barbering operations.
The sanitation standards are conspicuously posted in the barbershop.		$\boxtimes$		Areas utilized for barbering purposes do not have sanitation standards posted. The facility is in the process of developing sanitation guidelines.
Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	×			The Medical Department maintains proper inventories of all syringes and instruments. Inventories are conducted on a daily basis by the Nursing Supervisor.

# 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 Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections

<b>△</b> ACCEPTABLE  □ DEFICIENT					
Emergency power generators are tested at least every (b)(7)e     Other emergency systems and equipment receive testing at least quarterly.     Testing is followed-up with timely corrective actions (repairs and replacements).	$\boxtimes$			The emergency generators are tested (b)(7)e  Other emergency systems and equipment are tested on a monthly basis.	
Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			The La Villa Water Department routinely tests the water.	
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.  • At least monthly.  • The pest-control program includes preventative spraying for indigenous insects.	$\boxtimes$			The facility has a contract with Drop-Dead Pest Management to inspect and spray the facility on a monthly basis.	
Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$				
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.				A review of training documentation and lesson plans indicates that staff are provided training regarding Universal Precautions.	
A licensed medical waste contractor disposes of infectious/bio- hazardous waste.	$\boxtimes$			The facility utilizes SteriCycle to dispose infectious/bio-hazardous waste.	
Spill kits are readily available.	$\boxtimes$			Spill kits were observed in Medical, Food Service, Laundry and Maintenance Departments.	
The facility follows standard cleaning procedures.	$\boxtimes$				
Using specified equipment; cleansers; disinfectants and detergents.     An established schedule of cleaning and follow-up inspections.	$\boxtimes$				

#### REMARKS:

The facility maintains a comprehensive environmental health and safety program that includes the control of hazardous materials, facility-wide sanitation initiatives as well as compliance with fire safety codes and regulations. The facility is routinely inspected by various government agencies. All fire suppression, sprinkler and smoke evacuation systems have been tested and approved by outside sources. The fire prevention, control and evacuation plans have been approved by the county fire marshal.

Material Safety Data Sheets (MSDS) were found to be available throughout the facility and were easily accessible by staff and detainees. The facility has an effective system for storing, issuing and maintaining inventories of hazardous materials. A review of chemical storage areas revealed that inventories were 100 percent accurate.

A review of documentation indicates that weekly safety and sanitation inspections are being conducted as well as monthly fire inspections. All areas of the facility were visited and found to be secured, properly ventilated, and well lit, with sanitation levels maintained at a high level.

The facility does not have a separate area specifically used for barbering operations. At the present time the facility utilizes empty cells in the requesting detainees' housing unit. Although the cells have hot and cold water available, the standard requires that a specific area be provided with equipment and facilities necessary for maintaining sanitary procedures of hair care. Detailed hair care sanitation regulations are not posted in areas used for hair cutting.

(b)(6), (b)(7)c November 17, 2011

#### HOLD ROOMS IN DETENTION FACILITIES

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

MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PI	ROCESSI	NG INTO	OR OUT	OF THE FACILITY.
COMPONENTS	YES	No	NA	REMARKS
The hold rooms are situated within the secure perimeter.			$\boxtimes$	This facility is an IGSA and is not required to have hold rooms situated within the secure perimeter; however it does have the hold rooms within the secure perimeter.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.			$\boxtimes$	This facility is an IGSA and is not required to have hold rooms well ventilated, well lighted, and all activating switches located outside the room. However, the hold rooms are well ventilated, well lighted, and all switches are located outside the rooms.
The hold rooms contain sufficient seating for the number of detainees held.			$\boxtimes$	This facility is an IGSA and is not required to have sufficient seating for the number of detainees held in holding rooms; however the rooms do have sufficient seating.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.			$\boxtimes$	This facility is an IGSA and is not required to preclude bunks, cots, beds, or other related make-shift sleeping apparatus from hold rooms. However, this facility has precluded bunks, cots, beds, and other make-shift sleeping apparatus from all hold rooms.
The walls and ceilings of the hold rooms are tamper and escape proof.			$\boxtimes$	This facility is an IGSA and is not required to have tamper and escape proof walls and ceilings in hold rooms. However the walls and ceilings are tamper and escape proof.
Individuals are not held in hold rooms for more than 12 hours.	$\boxtimes$			
Male and females are segregated from each other.	X			
Detainees under the age of 18 are not held with adult detainees.	$\boxtimes$			
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	$\boxtimes$			
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	$\boxtimes$			There are toilets in the hold rooms.
All detainees are given a pat down search for weapons or contraband before being placed in the room.	$\boxtimes$			
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.).  • Hold rooms are irregularly monitored every 15 minutes.  • Unusual behavior or complaints are noted.	$\boxtimes$			
When the last detainee has been removed from the hold room, it is given a thorough inspection.	$\boxtimes$			
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	×			This facility is an IGSA and is not required to designate an officer to remove detainees from hold rooms in case of fire and / or building evacuation. There is a written evacuation plan and the facility is in the process of designating an officer to remove detainees from hold rooms in case of fire and /or building evacuation through post orders.
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	$\boxtimes$			

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					
☐ ACCEPTABLE ☐ DEFICIENT	IENT AT-RISK		lisk	REPEAT FINDING	

#### REMARKS:

The inspector interviewed the intake unit Lieutenant and two other intake staff in review of this standard. Facility policy was reviewed along with intake logs. This facility was previously an under 72 hour facility and only very recently became an over 72 hour facility. The hold rooms were inspected and the intake process was observed. At present detainees are being processed rapidly and moved out of the hold rooms in much less than 12 hours. The hold rooms are secure and contain no sleeping apparatus.

(b)(6), (b)(7)c November 17, 2011

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

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

COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	$\boxtimes$			This facility is an IGSA and has an officer assigned over key and lock control systems. The key and lock control officer has not attended an approved locksmith training program. However, a facility maintenance worker has attended an approved locksmith training program and is responsible for maintenance on all facility lock control systems.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$			
The security officer, or equivalent in IGSAs, provides training to employees in key control.	$\boxtimes$			
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.	$\boxtimes$			
Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$			Key Control is addressed in facility policy III-012.
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.	$\boxtimes$			The facility's only safe contains detainee funds.
Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.				
Grand master keying systems are prohibited.	X			
All worn or discarded keys and locks are cut up and properly disposed of.	$\boxtimes$			Facility procedures require a witness signing off on destruction of worn keys.
Padlocks and/or chains are prohibited from use on cell doors.	$\times$			
<ul> <li>The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to:         <ul> <li>Occupational Safety and Environmental Health Manual, Ch. 3;</li> </ul> </li> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>	$\boxtimes$			
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	$\boxtimes$			
Procedures are in place to ensure that key rings are:  Identifiable;  The numbers of keys are cited; and  Keys cannot be removed.	$\boxtimes$			The facility uses the (b)(7)e system to color code and secure keys on the working key board.
Emergency keys are available for all areas of the facility.	$\times$			
The facilities use a key accountability system.	$\times$			
Authorization is necessary to issue any restricted key.	$\times$			

## 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	
Individual gun lockers are provided.  They are located in an area that permits constant officer observation.  In an area that does not allow detainee or public access.				Gun lockers are located in the (b)(7)e	
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	$\boxtimes$			This facility is an IGSA and is not required to physically count keys daily. The facility has a key accountability policy to ensure key accountability. In addition, keys are physically counted on a daily basis.	
<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>	$\boxtimes$			All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. This facility is an IGSA and is not required to have issued keys returned immediately in the event an employee inadvertently carries a key ring home. However facility policy requires that the staff member immediately report the event and return the key ring to the facility. In addition it is not required when a key or key ring is lost, misplaced, or not accounted for; the shift supervisor is immediately notified. At this facility, policy also requires this notification of a lost key or key ring. It is not required of IGSA's to not permit detainees to handle keys assigned to staff. At this facility detainees are not permitted to handle keys assigned to staff.	
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING					

#### REMARKS:

The inspector interviewed the Key and Lock Control Officer and the Chief of Security in review of this standard. The inspector also reviewed facility policy and key logs in review of this standard. The Key and Lock Control Officer has not participated in approved locksmith training program. However a maintenance worker at the facility has completed an approved locksmith training program and is responsible for all maintenance on all locking control systems within the facility. The facility has in place a policy which accounts for all keys and locking devices which aid staff in maintaining a safe facility. Facility policy outlines procedures for security, accountability and maintenance of keys and locks. Broken and worn keys are destroyed and disposed of properly by the Key and Lock Control Officer.

(b)(6), (b)(7)c November 17, 2011

#### POPULATION COUNTS

**POLICY:** ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY.

COMPONENTS	YES	No	NA	REMARKS
Staff conduct a formal count at least once each shift.	X			The facility policy covering Population Counts is III-019.
Activities cease or are strictly controlled while a formal count is being conducted.			$\boxtimes$	This facility is an IGSA and is not required to cease activities or strictly control them while a formal count is being conducted. However, this facility does cease or strictly control activities during a formal count.
Certain operations cease during formal counts.			$\boxtimes$	This facility is an IGSA and is not required to cease certain operations during formal counts, however many operations cease during formal counts.
All movement ceases for the duration of a formal count.			$\boxtimes$	This facility is an IGSA and is not required to cease all movement during formal counts.  However, the facility requires that all movement ceases during formal counts.
Formal counts in all units take place simultaneously.			$\boxtimes$	This facility is an IGSA and is not required to have formal counts in all units take place simultaneously. However, facility policy requires counts take place simultaneously in all units.
Detainee participation in counts is prohibited.			$\boxtimes$	This facility is an IGSA and is not required to prohibit detainee participation in counts.  However, facility policy prohibits detainee participation in counts.
A face-to-photo count follows each unsuccessful recount.			$\boxtimes$	This facility is an IGSA and is not required to have a face-to-photo count follow each unsuccessful recount. However, facility procedure is to have a face-to-photo recount following any unsuccessful recount.
Officers positively identify each detainee before counting him/her as present.			$\boxtimes$	This facility is an IGSA and is not required to have officers positively identify each detainee before counting the detainee present. However, facility policy requires officers to positively identify each detainee before counting him / her present.
Written procedures cover informal and emergency counts.  • They are followed during informal counts and emergencies.	$\boxtimes$			
The control officer (or other designated position) maintains an out-count record of all detainees temporarily leaving the facility.	$\boxtimes$			
This training is documented in each officer's training folder.	$\times$			
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

#### REMARKS:

The inspector interviewed the Chief of Security, a Shift Supervisor and three housing unit officers in review of this standard. In addition, facility policy and a file of previous population count sheets were reviewed. Facility policy requires staff to maintain a strict accountability of the location of all detainees at all times. The inspection team observed the 12:00 p.m. count on November 17, 2011 in the unit that houses the ICE detainees and in the count room where the population count is called into the shift supervisor from the housing unit officers. All staff performed the count in an acceptable manner

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#### POST ORDERS

**POLICY:** ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.

THAT POST.				
COMPONENTS	YES	No	NA	REMARKS
Every fixed post has a set of post orders.	$\boxtimes$		Ш	
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.			×	This facility is an IGSA and is not required to ensure each set of post orders contains the latest inserts (emergency memoranda, etc.) and revisions. None of the post orders reviewed had any inserted information, only annual updates.
One individual or department is responsible for keeping all post- orders current with revisions that take place between reviews.	$\boxtimes$			The Administrative Captain is responsible for keeping all post orders current with revisions that take place between reviews.
The IGSA maintains a complete set (central file) of post orders.	$\times$			
The central file is accessible to all staff.			$\boxtimes$	This facility is an IGSA and is not required to have a central file of post orders accessible to all staff. However the facility provides accessibility to all staff of all post orders through the Administrative Captain.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.			×	This facility is an IGSA and is not required to have all post order changes initiated/authorized by the OIC. However, at this facility all post order changes are initiated/authorized by the Warden.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.			$\boxtimes$	This facility is an IGSA and is not required to have the OIC sign and date the last page of every section. However at this facility the Warden signed and dated the last page of every section.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	$\boxtimes$			
Procedures keep post orders and logbooks secure from detainees at all times.			×	This facility is an IGSA and is not required to keep post orders and logbooks secure from detainees at all times. However, the policy of this facility is to keep post orders and logbooks secure form detainees at all times.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.			×	This facility is an IGSA and is not required to have every armed-post officer qualified with the post weapon(s) before assuming post duty. However this facility requires all officers qualify with the post weapon(s) prior to assuming post duty.
Armed-post post orders provide instructions for escape attempts.	$\times$			
The post orders for housing units track the event schedule.			$\boxtimes$	This facility is an IGSA and is not required to have the post orders for the housing units track the event schedule. However, the post orders for the housing unit officers do track the daily event schedule of the facility.

POST ORDERS					
POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST					
ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT	Γ LEAST	ANNUAL	LY, ANI	) GIVEN TO EACH OFFICER UPON ASSIGNMENT TO	
THAT POST.					
COMPONENTS	YES	No	NA	REMARKS	
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.				This facility is an IGSA and is not required to have the housing unit post officers record all detainee activity in a log. Nor is the facility required to have the post order include instructions on maintaining the logbook. However, this facility requires housing unit officers record all detainee activity in a log and the post order includes instructions on maintaining the unit logbook.	
<b>△</b> ACCEPTABLE  □ DEFICIENT		AT-R	ISK	REPEAT FINDING	

#### REMARKS:

The inspector interviewed the Administrative Captain in review of this standard. This inspector also reviewed facility policy and a manual containing all facility post orders. This inspector reviewed unit log books and several post orders in the housing units. Post orders reviewed in the housing units had been signed by staff on duty. The facility has conducted annual reviews of all post orders and has made revisions as required. Staff are kept current of changes by the Administrative Captain discussing new post orders or revisions as well as updates when they attend their annual in-service training. The facility has in place post orders which give staff guidelines for performing their everyday duties and in case there is an emergency.

(b)(6), (b)(7)c / November 17, 2011 AUDITOR'S SIGNATURE / DATE

#### SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The				
<ul> <li>Posts to be inspected;</li> <li>Required inspection forms;</li> <li>Frequency of inspections;</li> <li>Guidelines for checking security features; and</li> <li>Procedures for reporting weak spots, inconsistencies, and other areas needing improvement</li> </ul>				This facility is an IGSA and has a Comprehensive security inspection policy. It is not required that the facility list posts to be inspected or specific required inspection forms. The policy does list posts to be inspected and contain required inspection forms. In addition the policy includes the frequency of inspections; guidelines for checking security features and procedures for reporting weak spots, inconsistencies and other areas needing improvement.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.			$\boxtimes$	This facility is an IGSA and is not required to have every officer conduct a security check of his/her assigned area and document the results. The facility does require every officer conduct a security check of his/her assigned area and document results.
Documentation of security inspections is kept on file.			$\boxtimes$	This facility is an IGSA and is not required to keep documentation of security inspections on file. However the facility does keep documentation of security inspections on file.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			$\boxtimes$	This facility is an IGSA and is not required to have procedures that ensure recurring problems and a failure to take corrective action is reported to the appropriate manager. However the facility does have procedures that ensure any recurring problems and a failure to take corrective action is 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.	$\boxtimes$			
The facility has a secure visitor pass system.	X			
Every Control Center officer receives specialized training.	$\boxtimes$			
The Control Center is staffed around the clock.			$\boxtimes$	This facility is an IGSA and is not required to staff the Control Center around the clock but the facility does staff the Control Center around the clock.
Policy restricts staff access to the Control Center.				This facility is an IGSA and is not required to restrict staff access to the Control Center, but the facility policy does restrict access to the Control Center.
Detainees are restricted from access to the Control Center.			$\boxtimes$	This facility is an IGSA and is not required to restrict detainees from access to the Control Center, but the facility does restrict detainees from access to the Control Center.
Communications are centralized in the Control Center.			$\boxtimes$	This facility is an IGSA and is not required to centralize communications in the Control Center, but the facility does centralize communications in the Control Center.

## 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 THOROLIGH GROLINDING IN FACILITY OPERATIONS.

RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GR				
COMPONENTS	YES	No	NA	REMARKS
Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$			This facility is an IGSA and is not required to have officers monitor all vehicular traffic leaving the facility. However the facility requires officers to monitor all vehicular traffic entering and leaving the facility.
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:  • The driver's name;  • Company represented;  • Vehicle contents;  • Delivery date and time;  • Date and time out;  • Vehicle license number; and  • Name of employee responsible for the vehicle during the visit				This facility is an IGSA and is not required to maintain a log of all incoming and departing vehicles to sensitive areas of the facility. This log would contain: the driver's name; company represented; vehicle contents; delivery date and time; date and time out; vehicle license number; and name of employee responsible for the vehicle during the visit. However, the facility does maintain a log of all incoming and departing vehicles to sensitive areas of the facility. This log contains: the driver's name; company represented; vehicle contents; delivery date and time; date and time out; vehicle license number; and name of employee responsible for the vehicle during the visit.
Officers thoroughly search each vehicle entering and leaving the facility.			⊠	This facility is an IGSA and is not required to have officers thoroughly search each vehicle entering and leaving the facility. However, the facility does require officers to thoroughly search each vehicle entering and leaving the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.			$\boxtimes$	This facility is an IGSA and is not required to inventory tools taken into the secure area of the facility, before entering and prior to departure. However, the facility does inventory tools prior to entering the secure area of the facility and prior to departure from the facility.
The SMU entrance has a sally port.	$\boxtimes$			
Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$			
Housing area searches occur at irregular times.			$\boxtimes$	This facility is an IGSA and is not required to conduct housing area searches at irregular times. However, the facility does have staff conduct housing area searches at irregular times.
Every search of the SMU and other housing units is documented.	X			
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.				
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	$\boxtimes$			

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 GRO	OUNDIN	G IN FAC	CILITY O	PERATIONS.		
COMPONENTS	YES	No	NA	REMARKS		
Daily procedures include:						
<ul> <li>Perimeter alarm system tests;</li> </ul>						
Physical checks of the perimeter fence; and	$\boxtimes$			(b)(7)e		
Documenting the results.						
Visitation areas receive frequent, irregular inspections.	X					
□ ACCEPTABLE  □ DEFICIENT	AT-RISK REPEAT FINDING					
REMARKS:  The inspector interviewed the Chief of Security, reviewed facility policy and reviewed files of security inspection sheets in review of this standard. Facility policy dictates security inspections for staff to follow which will ensure the safety and security for staff and detainees. Line staff as well as administrative staff performs regular security inspections of the facility. All security inspections are						

documented and maintained by the facility. The facility (b)(7)e

(b)(6), (b)(7)c / November 17, 2011

AUDITOR'S SIGNATURE / DATE

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

COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.  • Detainees are placed in the SMU (administrative) in accordance with written criteria.				
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.  • A copy of the order given to the detainee within 24 hours.	$\boxtimes$			
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).			$\boxtimes$	This facility is an IGSA and is not required to have the OIC regularly review the status of detainees in administrative detention, nor is a supervisory officer required to conduct a review within 72 hours of the detainee's placement in the SMU (administrative). At this facility the Warden does regularly review the status of all detainees in administrative detention and a supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).
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 facility is an IGSA and is not required to conduct reviews as described in this component. However, facility policy does require reviews as listed in this component
The detainee is given a copy of the decision and justification for each review.  • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				This facility is an IGSA and is not required to provide a copy of the decision and justification of each review, nor is there a requirement for an opportunity for the detainee to appeal decisions to someone else in the facility. Policy at this facility is to provide a copy of the decision to the detainee and allow him/her to appeal decisions to the Warden.

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

COMPONENTS	YES	No	NA	REMARKS
The 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 facility is an IGSA and is not required to make the notifications as listed in this component. However, the facility plans to notify the assigned ICE staff in the event that they have a detainee remain in administrative detention.
<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 facility is an IGSA and is not required to review the case of any detainee who objects to administrative segregation and provide a written copy of the justification to the detainee. However, the facility plans to do so if it has a detainee who exceeds 30 days in SMU.
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 facility is an IGSA and is not required to give the detainee the right to appeal the conclusions and recommendations of any review after the detainee has remained in administrative segregation for seven consecutive days. However, the facility policy allows a detainee who has been in administrative segregation for seven consecutive days to appeal to the Warden.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	$\boxtimes$			
The SMU is:  • Well ventilated;  • Adequately lighted;  • Appropriately heated; and  • Maintained in a sanitary condition.	$\boxtimes$			
All cells are equipped with beds.  • Every bed is securely fastened to the floor or wall.	$\boxtimes$			
The number of detainees in any cell does not exceed the occupancy limit.  • When occupancy exceeds recommended capacity, do basic living standards decline?  • Do criteria for objectively assessing living standards exist?  • If yes, are the criteria included in the written procedures?	$\boxtimes$			

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

COMPONENTS	YES	No	NA	REMARKS
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.	$\boxtimes$			
Detainees receive three nutritious meals per day, from the general population's menu of the day.  • Do detainees eat only with disposable utensils?  • Is food ever used as punishment?	$\boxtimes$			Meals are served in the detention cell utilizing disposable utensils. Food is never used as a punishment.
Each detainee maintains a normal level of personal hygiene in the SMU.  The detainees have the opportunity to shower and shave at least three times a week.  If not, explain.	$\boxtimes$			There are showers available within each SMU cell.
<ul> <li>The detainees are provided: <ul> <li>Barbering services;</li> </ul> </li> <li>Recreation privileges in accordance with the "Detainee Recreation" standard;</li> <li>Non-legal reading material;</li> <li>Religious material;</li> <li>The same correspondence privileges as detainees in the general population;</li> <li>Telephone access similar to that of the general population; and</li> <li>Personal legal material.</li> </ul>	$\boxtimes$			
A health care professional visits every detainee at least three times a week.  • The shift supervisor visits each detainee daily.  • Weekends and holidays.	$\boxtimes$			
Procedures comply with the "Visitation" standard.  The detainee retains visiting privileges; and  The visiting room is available during normal visiting hours.				
Visits from clergy are allowed.	$\times$			

**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).

[DISCHERVARY SEGRECATION] STANDARD).				
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?	×			
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>	$\boxtimes$			This facility is an IGSA and is not required to complete a form I-888 on a detainee immediately upon placement in SMU. The facility immediately completes a form equivalent to the I-888 when a detainee is placed in the SMU.
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 facility is an IGSA and is not required to have staff record pertinent information as mentioned in this component. However, the facility does have staff record all pertinent information as listed in this component
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 facility is an IGSA and is not required to create a new record each week the detainee is in Administrative Segregation, nor is the facility required to retain the weekly records in SMU until the detainee returns to the general population. However, this facility does create a new record each week that a detainee is in SMU and retains a copy until the detainee returns to the general population.
ACCEPTABLE DEFICIENT	Г	AT-R	ISK	REPEAT FINDING

## REMARKS:

The inspector interviewed the Chief of Security in review of this standard and the SMU was visited. Facility policy, the detainee handbook, detention files, and the logbook in the SMU unit were reviewed in review of this standard. Facility policy is in place which allows staff to administratively segregate those detainees who may have special needs. Facility policy requires SMU staff use a form similar to the I-888 to document all activities relevant to each detainee in Administrative Segregation.

(b)(6), (b)(7)c November 17, 2011

AUDITOR'S SIGNATURE / DATE

# SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	$\boxtimes$			Facility policy III-008 is the written procedure for officers placing 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.	$\boxtimes$			
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.	$\boxtimes$			This facility is an IGSA and is not required to provide the detainee a written copy of the decision and supporting reasons for continued placement in disciplinary detention at set intervals. However, the facility does review cases of each detainee housed in disciplinary detention at set intervals and provides the detainee 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.	$\boxtimes$			
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.	$\boxtimes$			
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	$\boxtimes$			
The quarters used for segregation are:  • Well-ventilated.  • Adequately lighted.  • Appropriately heated.  • Maintained in a sanitary condition.	$\boxtimes$			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	$\boxtimes$			
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?	$\boxtimes$			All disciplinary segregation placements are in single man cells.

# 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
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	$\boxtimes$			Detainees are placed in observation cells in SMU if this level of care is needed.
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	$\boxtimes$			
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day.  • Food is not used as punishment.	$\boxtimes$			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	$\boxtimes$			There are showers in each disciplinary segregation cell.
Detainees receive, unless documented as a threat to security:  • Barbering services;				
Recreation privileges;				
<ul> <li>Other-than-legal reading material;</li> <li>Religious material;</li> </ul>	$\boxtimes$			Detainees in Disciplinary Segregation receive the same services as detainees in general
The same correspondence privileges as other detainees; and				population.
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 legal matters;	$\boxtimes$			
Calls to consular/embassy officials; and				
<ul> <li>Calls during family emergencies (as determined by the OIC/Warden).</li> </ul>				
A health care professional visits every detainee in disciplinary segregation every week day.     The shift supervisor visits each segregated detainee daily     Weekends and holidays.				
SMU detainees are allowed visitors, in accordance with the	$\boxtimes$			
"Visitation" standard. SMU detainees receive legal visits, as provided in the	∠N			
"Visitation" standard.  • Legal service providers are notified of security concerns arising before a visit.				

# 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
Visits from clergy are allowed.  The clergy member is given the option of visiting/not visiting the segregated detainee.  Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.	$\boxtimes$			
<ul> <li>SMU detainees have law library access.</li> <li>Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing.</li> <li>Legal material brought to individuals in the SMU on a case-by-case basis.</li> <li>Staff documents every incident of denied access to the law library.</li> </ul>	$\boxtimes$			
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	$\times$			
The SPCs, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU.  • All I-888s are filled out by the end of each shift.  • The CDF/IGSA facility use Form.  • I-888 (or equivalent local form).	$\boxtimes$			This facility is an IGSA and is not required to complete a form I-888 on a detainee immediately upon placement in SMU. The facility immediately completes a form equivalent to the I-888 when a detainee is placed in SMU.
<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>		□ AT-R	⊠.	This facility is an IGSA and is not required to have SMU staff record pertinent information as mentioned in this component. However, the facility does have SMU staff record all pertinent information as listed in this component    REPEAT FINDING
ACCEPTABLE DEFICIENT	L	」AT-R	ISK	☐ KEPEAT FINDING

#### **REMARKS:**

This inspector interviewed the Chief of Security and Disciplinary Hearing Officer during review of this standard. The Special Management Unit was toured. Facility policy and detention files were reviewed and housing unit bulletin boards were observed. Facility policy requires SMU staff immediately begin logging, on a form similar to an I-888, all activities as they relate to a detainee when he is assigned to SMU. The facility has policies in place which allow staff to place a detainee in Disciplinary Segregation if he has committed a rule infraction. These polices allow staff to isolate disruptive detainees from the rest of the general population, thus, preventing harm to other detainees/staff and or preventing property damage.

(b)(6), (b)(7)c / November 17, 2011 AUDITOR'S SIGNATURE / DATE

## 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.

FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.				
COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The staff member responsible for the tool control procedure is the Assistant Maintenance Supervisor.
Department heads are responsible for implementing this standard in their departments.			⊠	This facility is an IGSA and is not required to have department heads responsible for implementing this standard in their departments. However, this facility does hold department heads responsible for implementing this standard in their departments.
Tool inventories are required for the:				
Maintenance Department;				
<ul> <li>Medial Department;</li> <li>Food Service Department;</li> <li>Electronics Shop;</li> </ul>	$\boxtimes$			Tool inventories are maintained in the maintenance department, medical department, and food service department. The inventories were accurate in each of these departments during inspection. There is no electronics shop at this facility and the
Recreation Department; and				recreation department does not have tools. The armory is located outside the secure perimeter.
Armory.				
The facility has a policy for the regular inventory of all tools.     The policy sets minimum time lines for physical inventory and all necessary documentation.      ICE facilities use AMIS bar code labels when required.	$\boxtimes$			
The facility has a tool classification system. Tools are classified				
Restricted (dangerous/hazardous); and     Non-Restricted (non-hazardous).	$\boxtimes$			This facility is an IGSA and is not required to classify tools as restricted or non-restricted. However, the facility does have a tool classification system and classifies tools as restricted and non-restricted.
Department heads are responsible for implementing tool-control procedures.				This facility is an IGSA and is not required to hold department heads responsible for implementing tool-control procedures.  However, the facility does hold department heads responsible for implementing tool-control procedures in their departments.
The facility has policies and procedures in place to ensure that	$\boxtimes$			
all tools are marked and readily identifiable.			╷╵	

# POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT. COMPONENTS YES NO NA REMARKS The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is

<ul> <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>				All tools in the maintenance department tool room are stored on a shadow board.
Each facility has procedures for the issuance of tools to staff and detainees.	$\boxtimes$			No tools are issued to 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.	$\boxtimes$			
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.	$\boxtimes$			
		AT-R	ISK	REPEAT FINDING

#### REMARKS:

This inspector interviewed the Assistant Maintenance Supervisor, who is the designated tool control officer at this facility, concerning this standard. All areas within the facility where tools are stored were toured. Tool reports were reviewed as were facility policies concerning tool control. Tools within the Maintenance Tool Room were stored on a shadow board making it readily noticeable when a tool is missing. Tools assigned to the Maintenance Department are classified as restricted or non-restricted tools. There is an acceptable tool sign out and accountability system in place at this facility.

(b)(6), (b)(7)c November 17, 2011 AUDITOR'S SIGNATURE / DATE

## TRANSPORTATION (LAND TRANSPORTATION)

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

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN

CONTROL OF THE DETAINEE CASE.				
COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				
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.				
Officers use a checklist during every vehicle inspection.  Officers report deficiencies affecting operability; and  Deficiencies are corrected before the vehicle goes back into service.				
<ul> <li>Transporting officers: <ul> <li>Limit driving time to 10 hours in any 15 hour period;</li> </ul> </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>				
<ul> <li>officers with valid CDLs required in any bus transporting detainees.</li> <li>When buses travel in tandem with detainees, there are (b)(7)e qualified officers per vehicle.</li> <li>An unaccompanied driver may transport an empty vehicle.</li> </ul>				
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 are provided to all transporting officers.			$\boxtimes$	This component is only applicable for SPCs and CDFs.

# TRANSPORTATION (LAND TRANSPORTATION)

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

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

CONTROL OF THE DETAINEE CASE.				
COMPONENTS	YES	No	NA	REMARKS
The vehicle crew conducts a visual count once all passengers are on board and seated.  • Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.				
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.				
Officers ensure that no one contacts the detainees.  • (b)(7)e officer remains in the vehicle at all times when detainees are present.				
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.).  • Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative;  • Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule.				
Vehicles have:  (b)(7)e				(b)(7)e
The vehicles are clean and sanitary at all times.				
Personal property of a detainee transferring to another facility is:  Inventoried;  Inspected; and  Accompanies the detainee.				

## TRANSPORTATION (LAND TRANSPORTATION)

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

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS	
The following contingencies are included in the written					
procedures for vehicle crews:					
• Attack					
• Escape					
Hostage-taking					
Detainee sickness					
Detainee death					
Vehicle fire					
• Riot					
Traffic accident					
Mechanical problems					
Natural disasters					
Severe weather					
Passenger list includes women or minors					
ACCEPTABLE DEFICIENT					

#### REMARKS:

The Chief of Security and an Immigration Enforcement Agent assigned to the facility both stated that all Land Transportation of ICE detainees is handled by the ICE Field Office or Sub-Office in control of the detainee case. This facility was an under 72 hour facility until very recently when it became an over 72 hour facility.

	(b)(6), (b)(7)c	November 17, 2011
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AUDITOR'S SIGNATURE / DATE

#### 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
Written policy authorizes staff to respond in an immediate-use- of-force situation without a supervisor's presence or direction.	$\boxtimes$			Facility policy concerning Use of Force is III-005
When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, officers must try to resolve the situation without resorting to force.	×			
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	$\boxtimes$			
The facility subscribes to the prescribed Confrontation Avoidance Procedures.  • Ranking detention official, health professional, and others confer before every calculated use of force.				Calculated uses of force are to be authorized in advance by the Warden or designee.
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique.  • Under staff supervision.	$\boxtimes$			
Staff members are trained in the performance of the Use-of-Force Team Technique.	$\boxtimes$			
All use-of-force incidents are documented and reviewed.	$\times$			
Do not use force as punishment;     Attempt to gain the detainee's voluntary cooperation before resorting to force;      Use only as much force as necessary to control the detainee; and      Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.				
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.			$\boxtimes$	Medication is not used for restraint purposes at this facility.
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	$\boxtimes$			

#### **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:				
Soft restraints (e.g., vinyl);				
<ul> <li>Dressing the detainee appropriately for the temperature;</li> </ul>				
• A bed, mattress, and blanket/sheet;				
• Checking the detainee at least every 15 minutes;				
Logging each check;	$\boxtimes$			(b)(7)e
<ul> <li>Turning the bed-restrained detainee often enough to prevent soreness or stiffness;</li> </ul>				
<ul> <li>Medical evaluation of the restrained detainee twice per eight-hour shift; and</li> </ul>				
<ul> <li>When qualified medical staff is not immediately available, staff position the detainee "face-up".</li> </ul>				
The shift supervisor monitors the detainee's position/condition				
He/she allows the detainee to use the rest room at these times under safeguards.	$\boxtimes$			
All detainee checks are logged.	$\boxtimes$			
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	$\boxtimes$			
When the OIC authorizes use of non-lethal weapons:  Medical staff is consulted before staff use pepper spray/non-lethal weapons.  Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.	$\boxtimes$			
Special precautions are taken when restraining pregnant detainees.  • Medical personnel are consulted	$\boxtimes$			This is addressed in the facility policy.
Protective gear is worn when restraining detainees with open cuts or wounds.	$\boxtimes$			
Staff documents every use of force and/or non-routine application of restraints.	$\boxtimes$			
It is standard practice to review any use of force and the non-routine application of restraints.	X			

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POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:						
COMPONENTS	YES	No	NA	REMARKS		
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.  • Specialized training is given and Officers are certified in all devices they use.	$\boxtimes$					
<u>In SPCs</u> , is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	$\boxtimes$			This facility is an IGSA and uses a report similar to the Use of Form form, including all the same basic information.		
<b>△</b> ACCEPTABLE		AT-R	ISK	REPEAT FINDING		
REMARKS:  This inspector interviewed the Chief of Security in review of this standard. Facility policy and training materials were also reviewed. The facility has in place policies which allow staff to use force only if necessary. The use of force policies allows staff to use only the force necessary to gain control of the detainee. Facility policies ensure the safety and security of staff, detainees, and to prevent property damage. Staff receives training on use of force and restraints and use of force team technique.  (b)(7)e  Incidents involving force are documented and video-taped where possible and a thorough review of the incident is conducted. Confrontation avoidance techniques are part of the facility policy and they are encouraged by supervisors and administrators. Staff are authorized to use oleoresin capsicum (OC) when approved by the Warden or his designee.  (b)(7)e  (b)(7)e  November 17, 2011  AUDITOR'S SIGNATURE / DATE						
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STAFF DETAINEE COMMUNICATIONS							
POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME FRAME.							
COMPONENTS YES NO NA REMARKS							
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	$\boxtimes$			The section of this component that requires weekly announced and unannounced visits is specific to SPCs and CDFs. At this facility the Supervisory Detention and Deportation Officer conducts weekly announced and unannounced visits.			
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	$\boxtimes$						
Scheduled visits are posted in ICE detainee areas.							
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	$\boxtimes$			ICE staff documents visits on the Facility Liaison Checklist noting the current climate and conditions of confinement of detainees.			
ICE information request Forms are available at the IGSA for use by ICE detainees.	$\boxtimes$						
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.	$\boxtimes$			ICE staff usually responds to detainee requests within 24 hours.			
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	$\boxtimes$			The detainee's right to correspond with ICE staff regarding their case or conditions of confinement is included in the detainee handbook.			
ACCEPTABLE		AT-R	ISK	REPEAT FINDING			
REMARKS: This inspector reviewed facility policy; interviewed the Supervisory Detention and Deportation Officer;							

(b)(6), (b)(7)c November 17, 2011 AUDITOR'S SIGNATURE / DATE

## 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

PROCEEDINGS ARE TAKING PLACE.				
COMPONENTS	YES	No	NA	REMARKS
<ul> <li>When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer.</li> <li>The notification is recorded in the detainee's file; and</li> <li>When the A File is not available, notification is noted within DACS</li> </ul>	×			
Notification includes the reason for the transfer and the location of the new facility.	$\boxtimes$			
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	$\boxtimes$			
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	$\boxtimes$			
<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer;</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility; and</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>	$\boxtimes$			Facility policy #IV-025 Detainee Escorts/Transport, addresses the bulleted parts of this component.
The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			The detainee is provided a copy of the completed Detainee Transfer Notification Form just prior to transfer.
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$			
<ul> <li>For medical transfers:         <ul> <li>The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer;</li> <li>Medical transfers are coordinated through the local ICE office; and</li> </ul> </li> <li>A medical transfer summary is completed and accompanies the detainee.</li> </ul>	$\boxtimes$			
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.			$\boxtimes$	The facility does not have IHSC - Immigration Health Service Corps. (Formerly DIHS - Division of Immigration Health Service).
For medical transfers, transporting officers receive instructions regarding medical issues.	$\boxtimes$			

#### 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. No NA REMARKS COMPONENTS YES Detainee's funds, valuables, and property are returned and $\times$ transferred with the detainee to his/her new location. Transfer and documentary procedures outlined in Section C and The sending and receiving Field Offices D are followed. $\times$ П П coordinate the transfer ensuring proper paperwork is completed. If a transfer occurs during a regular meal Meals are provided when transfers occur during normally schedule meal times. $\times$ П period, a sack lunch would be provided to the detainees. An A File or work folder accompanies the detainee when П $\times$ П transferred to a different field office or sub-office. Files are forwarded to the receiving office via overnight mail no

#### REMARKS:

This inspector reviewed facility policy; interviewed the Supervisory Detention and Deportation Officer; and reviewed transfer documents in detainee detention files. ICE makes all necessary notifications when a detainee is transferred. Based on this inspector's review, the facility is in compliance with the standard.

DEFICIENT

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AT-RISK

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REPEAT FINDING

(b)(6), (b)(7)c / November 17, 2011

later than one business day following the transfer.

**ACCEPTABLE** 

AUDITOR'S SIGNATURE / DATE