Office of Enforcement and Removal Operations

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



MEMORANDUM FOR:

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

(Acting) Field Office Director

San Diego Field Office

FROM:

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

(A)AD

Assistant Director for Detention Management

SUBJECT:

El Centro Service Processing Center Annual Review

The annual review of the El Centro Service Processing Center conducted on May 3-5, 2011, in El Centro, California has been received. A final rating of <u>Meets the Standards</u> has been assigned. No further action is required and this review is closed.

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

- 1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility **within** five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before May 4, 2012.

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

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

(Acting) Deputy Assistant Director, Detention Management Division at (202)

732(6), (b)(7)c

cc: Official File ICE: (b)(6), (b)(7)c 7/5/2011 (b)(7)e

HEADQUARTERS EXECUTIVE REVIEW **Review Authority** The signature below constitutes review of this report and acceptance by the Review Authority. OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations. HQERO EXECUTIVE REVIEW: (Please Print Name) Signat Tae D. Johnson (b)(6), (b)(7)cTitle Date Assistant Director for Detention Management Meets the Standards Final Rating: Does Not Meet the Standards Comments: The Review Authority concurs with the recommended rating of "Meets the Standards" for the El Centro

Service Processing Center located in El Centro, California. No further action is required and this review

is closed.



601 13th Street, NW Suite 650 North Washington, DC 20005

Contract # HSCECR-09-C-00004

ICE National Detention Standards Compliance Review

Facility:

El Centro Service Processing Center

Inspection Date:

May 3-5, 2011

Report Date:

May 5, 2011



601 13th Street, NW Suite 650 North Washington, DC 20005 202/824-0725 (T) 202/824-0728 (F) www.MGTofAmerica.com

May 5, 2011

MEMORANDUM FOR:

Gary E. Mead

Director

Office of Enforcement and Removal Operations

FROM:

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

Lead Compliance Inspector

SUBJECT:

El Centro Service Processing Center

Annual Detention Review

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

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) Performance Based National Detention Standards (PBNDS) at the El Centro Service Processing Center (SPC) located in El Centro, California, during the period of May 3-5, 2011. This facility is an SPC.

The annual inspection was performed under the guidance of Michael V. Neal, Lead Compliance Inspector (LCI). Team members were:

Subject Matter Field	Team Member	<u>E</u> r,
Security		
Health Services		
Food Service	(b)(6), (b)(7)c	
Environmental Health and Safety		

Type of Review

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

Review Summary

The facility is accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).



Standards Compliance

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

2010 Inspection PBNDS Review	Mandatory	Non- Mandatory
Meets Component	39	791
Does Not Meet		
Component	0	4
Non-Applicable	1*	54
Total Components	40	849
Percentage of		
Compliance	100%	99.5%

2011 Inspection PBNDS Review	Mandatory	Non- Mandatory
Meets Component	39	816
Does Not Meet		
Component	0	2
Non-Applicable	1*	31
Total Components	40	849
Percentage of		
Compliance	100%	99.8%

2010 Inspection PBNDS Review	
Meets Standard	40
Does Not Meet Standard	0
Repeat Finding	0
Non-Applicable	1

41	
0	
0	
0	
	41 0 0

^{*} The mandatory component identified as non-applicable was found in the Medical Care Standard. This component references pregnancy testing and management. The facility does not admit female detainees.

Outcome Measures

The analysis of the Outcome Measures provided by the facility is consistent with the overall mission and security level of the facility.

LCI Issues and Concerns

There were no standards identified by the inspection team as "Does Not Meet Standard."

Recommended Rating and Justification

The LCI recommends the facility receive a rating of "Meets Standards." The facility meets 100% of the applicable mandatory components 99.8% of the applicable non-mandatory standards.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely recorded on the G-324A Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire inspection team, the following were present:

Representing ICE:		(b)(6), (b)(7)c		
٠	(b)(6), (b)(7)c		
Representing ASSE	ET/ATSI (Contractual Security Empl	ovees):	(b)(6), (b)(7)c	
	(b)(6), (b)(7)c		
Representing Roser	mark (Contractual Maintenance):	(b)(6), (b)(7	7)c	
Representing DIHS (b)(6), (b)(7)c	::[b)(6), (b)(7)c		
(b)(6), (b)(7)c , L Printed Name/Title	CI, MGT	May 5, 2011 Date		
Signature:				

☐ Field Office ☐ HQ Date[s] of Facility Review		The Facility is u		Class Action Or	
May 3-5, 2011	N .	The Facility has	Significant I		
1710) 5 5, 2011		Major Litigat] Life/Safety Issu	
C. Previous/Most Rece	ent Facility Review	Check if No.	ne.	Directories	
Date[s] of Last Facility Re					· · · · · · · · · · · · · · · · · · ·
June 1-3, 2010	- 1.2,1	I. Facility His	story		
Previous Rating		Date Built			·
Meets Standards D	Ooes Not Meet Standards	1975			
		Date Last Remo	deled or Upg	raded	
D. Name and Location	of Facility	2009			
Name El Centro Service Proces	sing Center	Date New Const	ruction / Bed	Ispace Added	
Address (Street and Name)	sing Center	Future Construct	tion Plannad		. "
1115 North Imperial Aver	nue	Yes No			
City, State and Zip Code		Current Bedspace		e Bedspace (# No	w Reds only)
El Centro, California 922	.43	329 Camp/128		per: 0 Date:	w Deas omy)
County Imperial		Stage			
Name and Title of Facility Add	ministrator (Warden/OIC/Superintendent)				
(b)(6), (b)(7)c Ass:	istant Field Office Director	J. Total Facili			
Telephone # (Include Area Co	de)	Total Facility Int	take for prev	ious 12 months	
760-33(6)(6), (b)(7)c	Office with oversight responsibilities)	7,436			
San Diego, California	Office with oversight responsibilities)	Total ICE Manda	ays for Previ	ous 12 months	
Distance from Field Office		100,591			
120 miles		K. Classification	on Level (II	T SPCs and CI	Te Only)
		in Chisanical		-1 L-2	L-3
E. ICE Information		Adult Male		50 127	49
					0
Name of Inspector (Last N	Name, Title and Duty Station)	Adult Female	(
(b)(6), (b)(7)(cCI / MGT of Ame	erica	Adult Female			
(b) (6), (b) (7) ECI / MGT of Ame Name of Team Member /	erica Title / Duty Location	Adult Female L. Facility Cap	pacity		
(b) (6), (b) (7) CCI / MGT of Ame Name of Team Member / (b) (6), (b) (7) & CI-Security / M	Title / Duty Location [GT of America	L. Facility Cap	pacity Rated	Operational	Emergency
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Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information <u>must be completed</u> prior to the scheduled review dates. The formation 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 ² , Physical, etc.)	P	P	P	P
Offenders on Offenders ^l	With Weapon	0	0	0	0
	Without Weapon	2	4	3	1
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 ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		79	99	87	68
Escapes	Attempted	0	0	0	0
•	Actual	0	0	0	0
Grievances:	# Received	27	12	22	18
	# Resolved in favor of Offender/Detainee	20	4	10	10
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	118	190	243	361
	# Psychiatric Cases referred for Outside Care	0	0	0	1

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

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting Routine transportation of detainees/offenders is not considered "forced"

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

	DHS/ICE Detention Standards Review Summary Report				
	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
7 7	RT 1 SAFETY		Sobyi 		
1	Emergency Plans		ᆜ		
2	Environmental Health and Safety			ᆜ	
3	Transportation (By Land)				
	RT 2 SECURITY	S	70 July 1	647.	56
4	Admission and Release		ᆜ	<u> </u>	
5	Classification System Contraband	N N	믁		
7		X X	- -	무	\vdash
8	Facility Security and Control			井	
9	Funds and Personal Property Hold Rooms in Detention Facilities	⊠			
10	Key and Lock Control				
11	Population Counts	⊠ ⊠	=		
12	Post Orders		븜	믐	
13	Searches of Detainees		 	-	
14	Sexual Abuse and Assault Prevention and Intervention		+		
15	Special Management Units			\dashv	
16	Staff-Detainee Communication		\vdash	∺	
17	Tool Control		\exists		
18	Use of Force and Restraints		믐		
	RT 3 ORDER		in The said	— 59950	 32788)
19	Disciplinary System	⊠	П		
	RT 4 CARE	Side?	44.42°vs		
0	Food Service	⊠			
21	Hunger Strikes	⊠			
22	Medical Care	\boxtimes			
23	Personal Hygiene	×			
24	Suicide Prevention and Intervention	\boxtimes			
25	Terminal Illness, Advance Directives, and Death	⊠			
PAI	RT 5 ACTIVITIES			1/2	
26	Correspondence and Other Mail				
27	Escorted Trips for Non-Medical Emergencies	×			
28	Marriage Requests	⊠			
29	Recreation	☒			
30	Religious Practices	☒			
31	Telephone Access	Ø			
32	Visitation				
33	Voluntary Work Program	☒			
2 17 1 32	RT 6 JUSTICE				
34	Detainee Handbook				$\vdash \vdash \vdash$
	Grievance System				$\vdash \vdash$
36	Law Libraries and Legal Material				$\vdash \vdash$
37	Legal Rights Group Presentations				
	RT 7 ADMINISTRATION & MANAGEMENT	-800 S		14.54 Г —	
38	Detention Files		<u>_</u>		\vdash
39	News Media Interviews and Tours		<u>-</u>		
0	Staff Training Transfer of Detaineds		무	<u>-</u>	$\vdash \vdash \vdash$
41	Transfer of Detainees				

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name) (b)(6), (b)(7)c Title & Duty Location	Sign Date (b)(6), (b)(7)c
LCI, MGT of America	Ma
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Security, MGT of America	(b)(6), (b)(7)c CI-Medical Care, MGT of America
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI- Food Service and Environmental Health and Safety, MGT of America	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

S

Recommended Rating:	Meets Standards
	Does Not Meet Standard

Comments:

(b)(7)e canine units are not used at this facility. The facility has an agreement with Customs and Border Protection for use of canines, if needed. The facility has not used canines at this point and indicated would not use in detainees' presence.

The facility appeared to resolve a high number of grievances in favor of the detainee (i.e. 55% of grievances filed found favorably for the detainee). This was reviewed and facility staff indicated all correspondence received from detainees is processed as a grievance and contributes to the high percentage of favorable responses.

dditionally, it appeared as if there were a high number of medical cases referred for outside care (i.e. 228 per quarter). is was reviewed and it was determined lab work was conducted outside the facility, medical consultations were handled

outside the facility, and all injuries were treated at the local hospital. The facility DIHS Administrator indicated they are ow performing lab work on-site and are waiting after detainee injuries, for swelling to reduce, prior to sending for outside edical attention.

Condition of Confinement Inspection Worksheet

(This document must be attached to each G-324A Detention Review Form)
This Form is to be used for Inspections of Facilities used over 72 Hours



Performance-Based National Detention Standards Inspection Worksheet for Over 72 Hour Facilities

5-11-09 update Intergovernmental Service Agreement (IGSA)

☐ ICE Service Pro	cessing Center (SPC)
	etention Facility (CDF)
Name	
El Centro Service P	rocessing Center
Address (Street and I	Vame)
1115 North Imperial	Avenue
City, State and Zip Co	ode
El Centro, California	a 92243
County	
Imperial	
Name and Title of Chi	ef Executive Officer (Warden/Superintendent/Facility
Administrator)	, , , , , , , , , , , , , , , , , , , ,
(b)(6), (b)(7)c	Assistant Field Office Director
Name and Title of Lea	d Compliance Inspector
(b)(6), (b)(7)c	<u> </u>
Date[s] of Review	
From 5/3/2011 to 5/5/	2011
Type of Review	
⊠ Headquarters [☐ Operational ☐ Special Assessment ☐ Other

Introduction to the G324A Over 72 hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

Unlike "policy and procedures" that focus solely on what is to be done, performance-based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. Each National Detention Standard has been revised to produce Expected Outcomes that are clearly stated. Each standard reflects the overall mission and purpose of the agency and contributes to the goal that has been articulated.

Expected Practices found in the National Detention Standards (NDS) represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the Detention Standard.

Outcome Measures (**key indicators**) are identifiers used to verify whether a facility is accomplishing the goals, of the outcomes expected.

The original 38 NDS have been revised into 41 performance-based standards. During the development four new standards were added to include: News Media, Searches of Detainees, Sexual Abuse and Assault Prevention and Intervention and Staff Training. The two standards on Special Management Units were condensed into one standard. The new performance-based standards have incorporated American Correctional Association (ACA) Adult Local Detention Facility standards, which are the industry benchmark.

Worksheet Overview

There are two sets of Detention Review Worksheets that are used to assess facility compliance with the National Detention Standards (NDS). Both sets of these worksheets are derived from the policy and procedures set forth in the NDS. The G324A is for use with facilities that house detainees for over 72 hours, while the G324B is for use with facilities that house detainees for less than 72 hours.

The G324B is for use with facilities that house detainees less than 72 hours and does not contain the same amount of requirements as the G324A in the following NDS: Correspondence and Other Mail, Escorted Trips for Non-Medical Emergencies, Law Libraries and Legal Material, Legal Rights Group Presentations, Marriage Requests, Recreation, and Voluntary Work Program. These standards were not included in the prior version of the G324B, due to the short term nature of detention in facilities that are used for 72 hours or less. These sections are now included in the G324B but only to the extent that facilities seek applicability and are not mandated by ICE. For example, voluntary work programs are not required, but if detainees work, compliance with the NDS is required.

Mandatory components in several of the standards have been indicated in the worksheets. Mandatory items are those which must be met in order for the facility to receive a "Meets Standards" rating for that standard. These mandatory components typically represent life safety issues. A "Does Not Meet Standards" on one of these components is very serious. Failing to meet one of the mandatory components means that the overall facility review rating will be "Does Not Meet Standards".

The Outcome Measures Worksheet section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the facility as part of a **key indicators** database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

Worksheet Completion

Reviewers are required to complete each item within each section of the G324A and G324B Detention Review Worksheets. Worksheets are in a uniform format with 5 columns with NDS purpose and scope cited at the top of the worksheet. Column 1 contains the NDS standard assessment component. Columns 2-4 are provided for the ratings assigned to each component that is assessed. While there is a column titled N/A or not applicable, the N/A rating should be used rarely and only when applicable. The remarks section is provided for reviewers to include details on each rating that may raise a question such as the "Does Not Meet Standard" or "N/A" ratings.

A Remarks section is also provided at the end of the outcome measures section for summary comments and analysis of outcome measures data. The information included in the worksheet components remarks sections and in the final summary remarks section should be considered for inclusion in the reviewer report that summarizes the overall facility review process.

Outcome Measures Completion

The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team. Ideally, this information will be maintained on a continuous basis by the facility as part of a **key indicators** database to provide a perpetual record for monitoring facility performance. Data should be verified as accurate by the facility before including it in the database. Outcome measure data is intended to assess facility issues related to the NDS, so care should be taken to focus on ICE related issues. For example when computing the average daily population (ADP), assess and provide information on the ICE population.

The RIC will review facility outcome measures data and provide analysis of the data to describe facility performance and trends. In a few instances outcome measures are not provided for some the NDS because after careful consideration of the standard the assessment process has been determined to be more process oriented in nature.

Table of Contents

SECTION I - SAFETY

Emergency Plans
Environmental Health and Safety
Transportation (By Land)

SECTION II - SECURITY

Admission and Release Classification System Contraband

Facility Security and Control Funds and Personal Property Hold Rooms in Detention Facilities

Key and Lock Control

Population Counts

Post Orders

Searches of Detainees

Sexual Abuse and Assault Prevention and Intervention

Special Management Units

Staff-Detainee Communication

Tool Control

Use of Force and Restraints

SECTION III - ORDER

Disciplinary System

SECTION IV - CARE

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

SECTION V - ACTIVITIES

Correspondence and Other Mail
Escorted Trips for Non-Medical Emergencies
Marriage Requests
Recreation
Religious Practices
Telephone Access
Visitation
Voluntary Work Program

SECTION VI - JUSTICE

Detainee Handbook Grievance System Law Libraries and Legal Material Legal Rights Group Presentations

SECTION VII – ADMINISTRATION & MANAGEMENT

Detention Files
News Media Interviews and Tours
Staff Training
Transfer of Detainees

Performance-Based National Detention Standards

Section I SAFETY

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

·	PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	No Detainee or detainee groups exercise control or authority over other detainees.				The Facility Security and Control Policy instruct staff that detainees will not exercise control or authority over any other detainee(s).	
2.	 Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees 	\boxtimes			The detainee handbook addresses.	
3.	Staff are trained to identify signs of detainee unrest. What type of training and how often?				All staff receives two and one half hours of training during their initial 100 hours of "new employee" training related to identifying detainee unrest. Staff also receives annual in-service training in the treatment and supervision of detainees and interpersonal relations for a total of one and one half hours.	
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.				All reports of this nature by contract security staff are routed to the onduty supervisor, who notifies the ICE Supervisory Detention and Deportation Officer (SDDO) via a written report. In addition, ICE staff complete climate and condition reports which are reviewed by the facility Assistant Field Office Director (AFOD).	
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.					
	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.				All emergency plans at this facility are assigned a letter designation for accountability purposes. The AFOD maintains a list of locations identifying the locations of the emergency plans.	
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.					

PART 1 – 1. EME	RGEN	CY PLAN	5			
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
8. The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.						
 9. The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 						
 Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs. 				The emergency plans do include a required comprehensive general section containing procedures for handling special needs detainees.		
 Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility. 	\boxtimes					
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 				Memorandum of Understanding (MOUs) between this facility and a number of entities exist. On file are MOUs with the California Highway Patrol, Imperial County Sheriff's Office, Naval Air Base, El Centro Fire Department, and the U.S. Border Patrol.		
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.				Mock exercises are occurring at this facility. Documentation was reviewed of a mock Mass Casualty Earthquake Drill conducted June 23, 2010.		
 All staff receive copies of the Facility Hostage policy and procedures. 	\boxtimes			Copies of the hostage policy and procedures are issued to staff during initial training.		
15. Staff are trained to (b)(7)e (b)(7)e Within 24 hours after release, nostages are screened for medical and psychological effects.	\boxtimes			Per facility plans, medical and psychological screenings and debriefings will be conducted by ICE Health Services Corps (IHSC) staff once a hostage has been released. Additional psychological screenings, if needed, will occur within 36-48 hours. (b)(7)e		
 The facility maintains a list of translator services in the event one is needed during a hostage crisis. 				The facility has a contract with Interpretalk who provides the staff		

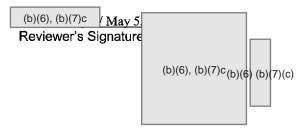
with translator services.

PART 1 – 1. EMERGENCY PLANS						
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency						
plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Emergency plans include emergency medical treatment for staff and detainees during and after an incident. 						
 The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. 	\boxtimes					
 Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). 	\boxtimes			Illustrations of shut-off valves for electrical, water and gas are provided in the emergency plans for all areas. Locations of all fire extinguishers are also included.		
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 	\boxtimes					
 21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances 				The emergency plans have a written policy and procedure that covers each of the bulleted situations/events.		
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	<u> </u>					
PART 1 – 1. EME	RGEN	CY PLANS	\$			
☑ Meets Standard Does Not Meet Standard N/A Repeat Finding						

This facility has a comprehensive Emergency Plans book addressing all of the events/situations required by this standard plus plans that cover nuclear, biological and chemical threats, emergency generators, and hunger strikes.

Each plan is detailed and specific to the event/situation. The facility staff conduct fire drills at least three times each quarter and also conduct at least one mock drill year each.

The Emergency Plans book contains additional information such as recall contact numbers for all ICE and contract staff. It also contains useful information related to a variety of topics such as home preparedness, suicide bomber, Africanized "killer" bees, Avian flu, and H1N1 Influenza.



	PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
hig	This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				The facility has a policy in place for storing, issuing and maintaining inventories of hazardous materials. All chemicals are stored outside the secure perimeter of the facility, and are brought in by contractual staff (Rosemark) on push carts via the sally port. Carts inspected contained current inventories, MSDS sheets and protective gear.		
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			Inventories were verified for flammable, toxic or caustic substances used in each area of the facility. No materials are stored inside the facility.		
3.	 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			The facility has master copies of MSDS information in the maintenance shop and the medical department. Cleaning carts brought into the facility contained MSDS sheets.		
4. •	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official.				Gloves and safety glasses are issued to detainees and contractual cleaning staff assigned to cleaning duties.		
5.	The MSDS are readily accessible to staff and detainees in the work areas.				MSDS information for cleaning products used inside the secure facility was available.		
6.	 supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 				Detainees are not issued any chemicals considered hazardous. Training is provided to all staff and detainees required performing cleaning duties within the facility. All quantities brought into the facility are limited.		
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.						
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes					

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
All toxic and caustic materials stored in their original containers in a secure area.				All toxic and caustic materials are stored in their original containers in a warehouse outside of the security perimeter. ICE does not allow MGT to inspect any locations outside the secure perimeter of a facility. Therefore, this area was not inspected. It is noted that toxic and caustics are brought into the security perimeter under supervision and removed from the facility after use.
Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.				The facility stores and disposes of all flammables, combustibles and toxic liquids outside the secure perimeter within a warehouse. ICE does not approve MGT to inspect locations outside the secure perimeter of a facility.
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	The facility does not have any products containing methyl alcohol.
 Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal. 		-		Training records are on file verifying employees and detainees receive training in accordance with OSHA 1910.1200, Hazardous Communication.
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).				All areas visited during the inspection within the secure perimeter of the facility appeared to be in compliance with this component. The local fire chief inspects the facility on an annual basis.
 A technically qualified staff member conducts fire and safety inspections. 	\boxtimes			Fire and safety inspections are conducted by the health and safety officer.
 The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken. 	\boxtimes			Inspection files and reports are maintained by the facility health and safety officer.
 (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan. 				The facility has a complete fire plan approved by the Naval Air Facility fire chief.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible 				
 building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 				
 Fire drills are conducted and documented quarterly in all facility locations including the administrative area. 				Documentation is on file to verify fire drills are conducted as required by this component.
19. A sanitation program covers barbering operations.	\boxtimes			
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.				The room utilized as a barbershop has the facilities and equipment necessary to meet sanitation requirements.
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			Sanitation standards are posted on a bulletin board in the barbershop.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			The facility has written procedures for handling and disposal of used needles and sharps.
 All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly. 	\boxtimes			
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			All areas of the facility are cleaned and sanitized daily. Disinfectants and detergents are utilized as required by the standard.
25. Spill kits are readily available.	\boxtimes			Spill kits are available in the housing units and medical services.
 A licensed medical waste contractor disposes of infectious/bio-hazardous waste. 	\boxtimes			All infectious/bio-hazardous waste is disposed of by Thermal Combustible Innovator Inc.
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			Staff is trained annually, and interviews with staff indicated written procedures are followed to prevent contact with blood or other body fluids.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?				The facility contracts with Allied Waste to dispose of refuse.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 				Valley Storm provides pest control services monthly. The program includes a preventive spraying program for all areas of the facility.		
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			Testing information for drinking water and wastewater is performed annually by the City of El Centro.		
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 				Emergency generators are tested weekly. Repair information reviewed found repairs are conducted in a timely manner by an outside contractor.		
32. The Facility appears clean and well maintained.						
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.			\boxtimes	There were no hazardous storage rooms or cabinets inside the secure facility.		
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.						
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	\boxtimes			The Health Services Administrator (HAS) conducts and documents medical facility inspections weekly.		
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	\boxtimes					
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.				The facility has a committee in the medical department consisting of (b)(7)e health and safety officers and (b)(7)e has issistant responsible for implementing the requirements of this component.		

communicable diseases.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 					
PART 1 – 2. ENVIRONMEN	TAL HE	EALTH AN	D SA	FETY	
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

The facility was constructed in 1975 and houses male adult offenders. The facility consists of 10 single-story housing units constructed with block. The rated capacity for each housing unit is 62.

The facility has a generator capable of providing power for all areas of the facility in the event purchased power is disrupted.

The maintenance department has b)(7) ICE staff member who monitors the work performed by contactors who are employed by Asset/Ahtna.

All utilities are provided by the city of El Centro. The facility has sprinkler systems and outside testing is conducted as required.

There are no flammable, toxic or caustic products stored within the secure facility. All chemicals are stored in the maintenance shop which is located outside the secure facility. Rosemark contractual staff brings a cleaning cart into the facility daily complete with a current inventory, MSDS and safety equipment. These cleaning carts are taken back to the outside maintenance shop for storage.

An annual inspection of the facility was conducted on April 18, 2010, by the Naval Air Facility Fire Department. The inspection identified several life safety violations. Exit signs in several areas, emergency lighting inside the facility and installation of a sprinkler system in the dry goods food service warehouse located outside the secure facility were identified. Exit signs and emergency lighting has been installed, and funding has been obtained for the sprinkler system.

Spray bottles with non-hazardous cleaning products are issued to detainees on a daily basis and removed from the secure facility at the end of the day.

(b)(6), (b)(7)c / May 5, 2011

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

PART 1 - 3. TRANSPORTATION (BY LAND)							
equ the	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				Each Transportation Section supervisor maintains files on each employee; and all of the records reviewed indicated staff are complying with all state, federal and local codes and laws.		
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	\boxtimes			All files reviewed indicated CDL's were valid.		
3.	Supervisors maintain records for each vehicle operated.						
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes					
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.				All vehicle logs were accurate and up-to-date. The fleet supervisor inspects all vehicles after repairs have been completed to ensure the vehicle may be placed back in service.		
6.	Officers use a checklist during every vehicle inspection.						
	Officers report deficiencies affecting operability.	\boxtimes					
	• Deficiencies are corrected before the vehicle goes back into service.						
7.	Transporting officers:						
	 Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. 	!			All Transportation Officers are required to attend initial training and in-service training which covers		
	 Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. 				the PBNDS requirements and the U.S. Department of Transportation regulations regarding driving times and limits. A review of driver logs and records supports all		
	 During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area—exceeding the 10-hour limit. 				requirements are being met.		

PART 1 – 3. TRANSPORTATION (BY LAND)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.					
Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is h	andled on	ly by t	he ICE Field Office or Sub-Office	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
8. (b)(7)e officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. • When buses travel in tandem with detainees, there are two qualified officers per vehicle. • An unaccompanied driver transports an empty vehicle.	\boxtimes			There are always b)(7) officers per vehicle, each with valid CDL's, when detainees are transported. An unaccompanied security staff transports an empty vehicle as required.	
The transporting officer inspects the vehicle before the start of each detail.					
 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. 				Prior to any transport, officers search the vehicle and all detainees being transported.	
 The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level. 					
13. All uniformed officers (b)(7)e				Policy instructs the Transportation Officers (b)(7)e when conducting transports.	
 14. 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. 	\boxtimes				
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	×				

PART 1 – 3. TRANSP	ORTAT	ION (BY L	AND)	Harris Committee
This Detention Standard prevents harm to the general pub equipped, maintained, and operated and that detainees ar the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation control of the detainee case.	e trans	oorted in a	secur	e, safe and humane manner, under
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 18. The vehicle crew inspects all Food Service meals 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. 				Policy requires all food be inspected by transport staff for quantity, quality and to resolve any issues/concerns. All latrines and drinking containers are cleaned and sanitized after each trip.
19. Vehicles have: (b)(7)e				
20. The vehicles are clean and sanitary at all times.				All vehicles inspected were clean and the equipment was in good working order.
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee 	\boxtimes			

PART 1 – 3. TRANSPO					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.					
☐ Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is h	andled on	ly by t	he ICE Field Office or Sub-Office	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 22. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list is not exclusively men or women or minors 				The facility policy on Land Transportation addresses the components of this standard.	
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)		
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Transportation of detainees is provided by ICE staff on a limited basis and by the facility contracted security staff (Ahtna Technical Services, Inc. /Asset Protection Security Services, L.P.).

ICE staff and Asset staff assigned to the Transportation Section of this facility maintain a separate file on each Transportation Officer to include: a copy of the CDL license, the State medical certification, each person's driving record, current firearms qualification records, current CPR certificate, and their training records.

The facility policy on Land Transportation is applicable to the ICE and Ahtna/Asset staff and is comprehensive and meets all of the PBNDS requirements. The post orders for the Transportations Officers are comprehensive and include all of the information required of the standard.

Buses and vans inspected were clean, contained all of the required forms and logs and had current State inspections. Each vehicle was stocked with emergency equipment and supplies. Each vehicle has a file that contains a chronological listing of all preventative maintenance and repairs. All maintenance files reviewed were accurate and detailed.

The Transportation Section of this facility has detailed records which indicate numerous trips have been made from this facility without incident. The vehicles are in sound condition and a preventative maintenance program is in effect

(b)(6), (b)(7)c / May 5, 2011 Reviewer's Signature / Da	(b)(6), (b)(7)c	(b)(7)(c)	18	
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Section II SECURITY

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

PART 2 – 4. ADMISSION AND RELEASE					
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				All detainees received at the facility are provided a handbook available in English and Spanish, supplemented by an orientation video addressing all specific issues required by this component.
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	\boxtimes			Facility initial medical screenings are provided by trained IHSC onsite staff.
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	×			
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.				
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.				Documentation provided details the facility conducting 306 detainee strip searches last year as a result of reasonable suspicion. G-1025 documentation was on file and strip searches from February to May 2011 were reviewed and contained required documentation and supervisory review.
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.				The facility's contraband policy governs all personal property searches. Facility staff prepares a complete inventory of all detainees' property and provide the detainee with a copy of their inventory. Identity documents are provided to ICE staff for placement within the A-file, and detainee funds/valuables are safeguarded pursuant to ICE standards.
7.	Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes			

PART 2 – 4. ADMISSION AND RELEASE					
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.		-		Detainees were issued appropriate and sufficient clothing/bedding for climatic conditions.	
All releases are coordinated with ICE.					
10. Staff complete paperwork/forms for release as required.	\boxtimes				
11. Each detainee receives a receipt for personal property secured by the facility.	×			The Form I-77 Form is utilized and the detainee receives a copy.	
 The facility has a system to maintain accurate records and documentation for admission, orientation, and release. 					
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.				The Enforcement Alien Detention Module (EADM) was used, and when inspected, information was current and met the requirements of this component.	
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	\boxtimes				
PART 2 – 4. ADMISSION AND RELEASE					
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A	.	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) The admission and release process was observed to include the intake of detainees and inspections of logbooks, computer systems and required forms.					
All requirements were being met at the facility and the admission and release process was consistent with the expectations of this standard.					
(b)(6), (b)(7)c / May 5 Reviewer's Signature (b)(6), (b)(7)c(b)(6) (b)(7)(c)					

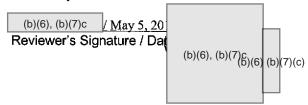
PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.					
	Components	Meets Standard	Does Not Meet Standard	A/A	Remarks
		Sta	Sta		Bijorganija sistema (1915. jeda) Projektora
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes			The ICE Primary Assessment Form is used which provides an objective classification process.
2.	The facility classification system includes:				The classification process involves
	 Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. 				an initial classification screen upon intake entry. It is noted some detainees may arrive from other ICE
	The first-line supervisor or designated classification specialist reviews every classification decision.				facilities already classified. After the intake officer classifies, a review is conducted by the classification specialist. Any detainee not immediately classified will be separated from general population until they are classified.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			
4.	Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	\boxtimes			
5.	Housing assignments are based on classification-level.	\boxtimes			The facility has classification levels I, II and III. Level I and II may interact but not with level III's. All housing and program assignment is based upon classification level.
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
7.	Detainee work assignments are based upon classification designations.	\boxtimes			
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	×			Detainee files were reviewed and the classification specialist interviewed. All files contained the 60 to 90 day review and subsequent reassessments as required. Special reassessments were conducted as required.
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				

PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.				The facility maintains a "classification review log," documenting appeals resolved as required and the detainee being notified within ten business days.	
Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.				Any detainee desiring to appeal their classification designation may do so by contacting the AFOD, who has final authority to reduce or increase the classification level.	
 The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each. 					
In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.				As observed the facility uses a color-coded uniforms and IDs to reflect classification levels. Level I - Blue Level II - Orange Level III - Red Infirmary - Yellow Dietary - White	
PART 2 – 5. CLASSIFICATION SYSTEM					
☑ Meets Standard Does Not Meet Standard N/A □Repeat Finding					

Facility policy and procedure were reviewed in conjunction with detainee file reviews, inspection of classification appeal logs, detainee handbook, initial classification and reassessment.

Detainees are properly classified, separated by classification level and have appeal opportunities. The classification and appeal process is provided to detainees via the detainee handbook and the orientation video.

The facility meets this standard.



PART 2 – 6. CONTRABAND					
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.					
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.				All contraband found is documented by staff and forwarded to on-duty supervisors who in turn make a report to ICE.
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes			
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.				The facility policy on contraband addresses the return of property seized to the proper authority.
4.	Altered property is destroyed following documentation and using established procedures.				
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes			Policy requires staff to contact the Chaplain prior to seizing any religious items.
6.	Staff follow written procedures when destroying hard contraband that is illegal.				
7.	Hard contraband that is illegal (under criminal statutes) is 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 has specific written policy meeting the requirements of this component.
	 Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 				
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.				
9.	Facilities with Canine Units only use them for contraband detection.	×			This facility does not have a Canine Unit; however, a contract is in place with the Border Patrol office and canine units may be brought into the facility for contraband/drug searches. When this occurs detainees are not present in the area.
PART 2 – 6. CONTRABAND					

This facility controls the introduction of contraband into the facility by screening visitors, public and official, coming into and out of the facility. Additionally, all vehicles and their contents are searched coming into and out of the facility.

Searches of all housing units and common areas are conducted by security staff and supervisory staff at least twice each shift. These searches are thorough and frequent and include all areas of the facility.

By policy and practice, the introduction of contraband into this facility is significantly limited which contributes to a secure environment for the detainee population.

(b)(6), (b)(7)c / May 5, 2011

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PART 2 – 7. FACILITY SECURITY AND CONTROL							
	This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring						
tna	that facility security is maintained and that events that pose a risk of harm are prevented.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	\boxtimes			All areas of the facility maintain a VIP log to record all supervisors and administrators who enter the areas. A review of these logs showed the ICE administrative staff, to include the AFOD, visits all areas of the facility at least weekly.		
	At least one male and one female staff are on duty where both males and females are housed.			\boxtimes	Females are not housed at this facility.		
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			The AFOD conducts annual staffing reviews and analysis.		
4.	Essential posts and positions are filled with qualified personnel.	\boxtimes					
5.	Every Control Center officer receives specialized training.	\boxtimes					
6.	Policy restricts staff access to the Control Center.	\boxtimes			Per the facility policy, the SDDO responsible for Detention Operations designates the staff assigned to work in the control room and identifies staff that may have access. An entry authorization list is found in the control room operator's post order.		
7.	Detainees do not have access to the Control Center.	\boxtimes			Detainees do not have access to the control room. All maintenance and cleaning in the control room is conducted by contract staff.		
8.	Communications are centralized in the Control Center.	X					
	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	\boxtimes					
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	X			The Personal Data Cards (G-74's) are maintained at the entrance in the main lobby.		
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes					

This Detention Standard protects the community, staff, cor	ntractor	s, voluntee	rs, an	d detainees from harm by ensuring
that facility security is maintained and that events that pos	e a risk	of harm a	re pre	vented.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12. Staff make watch calls (b)(7)e				The facility policy approved by the AFOD does not require staff watch calls (b)(7)e The standard allows facility administrators to establish watch calls at their discretion. Watch calls are conducted (b)(7)e at this facility.
 Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports. 				
 The front-entrance officer checks the ID of everyone entering or exiting the facility. 				
 All visits officially recorded in a visitor logbook or electronically recorded. 	\boxtimes			All visitors are recorded in a manual logbook.
The facility has a secure, color-coded visitor pass system.				A color-coded visitors pass systems is used at his facility.
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			
 18. 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 Name of employee responsible for the vehicle during the facility visit 				Security staff searches all vehicles coming into and out of the facility and records required information. Logs inspected were current and well documented.
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			
 The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles. 	\boxtimes			
 The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization. 	\boxtimes			
 Written procedures govern searches of detainee housing units and personal areas. 	\boxtimes			There are written procedures that cover detainee searches as well as searches of all areas of the facility.

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
24. Housing area searches occur at irregular times.						
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes					
26. There are post orders for every security officer post.						
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes					
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.				Staff constantly observes all detainees in their housing assignments, except for those housed in the SMUs. SMU staff does have visual observation of the cell room front.		
Every search of the SMU and other housing units is documented.	\boxtimes					
30. The SMU entrance has a sally port.	\boxtimes					
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes					
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 	\boxtimes			All areas are inspected by contractual security staff and by ICE staff each shift. The inspection process is documented and meets the requirements of this component.		
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes					
34. Documentation of security inspections is kept on file.	×			ICE staff and Ahtna/Asset staff merge their daily security inspection forms. All forms are routed to the ICE Detention Operations Supervisor (DOS) for review and follow-up action, if necessary.		
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.						

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes			All tools and inventories are checked by the perimeter gate security officer when entering and exiting the secure perimeter.		
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes					
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				Perimeter fencing and the outside of the facility is inspected on each shift.		
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes			These security checks occur at least once each shift by ICE staff and by Ahtna/Asset staff.		
40. Visitation areas receive frequent, irregular inspections.	\boxtimes					
 An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility. 	\boxtimes					
 The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks. 	\boxtimes					
FACILITY SECURI	TY AND	CONTRO	OL			
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding						

The Ahtna/Asset contract security staff makes numerous security/safety checks of their assigned areas each day and record results in their post log books. Formal security inspections are conducted to include: checking the area and its condition, lighting, security gates and areas, ambient conditions, hygiene supplies, telephones, breeze/walkways, restrooms, showers, first aid kits and blood pathogen kits. All of this information is recorded on a checklist type form and routed to the Ahtna/Asset supervisor to review and then to the ICE DOS for review and filing. These inspections are conducted (b)(7)e each shift, once by Ahtna/Asset staff and (b)(7)e by ICE staff.

It is evident the security staff, ICE staff, and the detainees have established open, effective lines of communications as the housing units inspected were clean, equipment in good working order, quiet, and orderly.

The detainee morale and the staff morale appeared to be very good.

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: .	PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
incl faci	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			Funds and valuables are properly separated and stored in accordance with the standard (b)(7)e supervisors have access to the area where funds and valuables are stored.		
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large valuables are stored in a locked room accessible only to processing staff.		
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.				All arriving detainees, property, funds, and valuables are searched upon arrival. The facility utilizes a detainee personal property form to document property and valuables. Detainees are present when property is itemized.		
4.	$^{(b)(7)e}$ officers are present during the processing of detainee funds and valuables during admissions processing to the facility. $^{(b)(7)e}$ officers verify funds and valuables.						
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?				El Centro is a SPC and meets the ICE standard.		
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.				The original inventory form is given to the detainee with copies placed in the detainee's detention file and property container.		
7.	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes					
8.	Staff search arriving detainees and their personal property for contraband.						
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.						
	Staff follow written procedures when returning property to detainees.	\boxtimes			The facility has comprehensive written procedures in place for returning property to detainees.		
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.				The SPC complies with the ICE standard.		

PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.					
	Standard NA: (IGSA ONLY) Check this box if all IC died only by the ICE Field Office or Sub-Office in a	E detai	nee Fund of the det	s, Val ainee	uables and Property are case.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12.	 The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last known address; via certified mail; 				Staff interviews conducted and facility forms inspected confirm that
	The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.				the requirements of this component are being met.
13.	Staff obtain a forwarding address from each detainee.	\boxtimes			A forwarding address is obtained from each detainee when processed into the facility.
14.	It is standard procedure $\text{for}_{(b)(7)}$ officers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes			
15.	numerical order.				Logbook reviews indicate property receipts (G-589s) are maintained in numerical order.
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.				The facility maintains a G-589 logbook containing initials and star numbers of receipting officers.
18.	Staff tag large valuables with both a G-589 and an I-77.				Large valuables being stored in the property room had a G-589 and I-77 attached.
19.	The supervisor verifies the accuracy of every G-589.				All G-589's are verified by the processing Lieutenant.
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 				
	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes			The property room inspected clearly showed all baggage/facility containers were tagged in accordance with the ICE standard.
22.	Staff secure every container used to store property with a tamper-proof numbered strap.				Tamper-proof numbered straps were secured on all containers used to store property.

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
incl faci	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are					
1121	died only by the ICE Field Office or Sub-Office in o	Meets Standard	Does Not Meet	Y Z	Remarks	
23.	A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.					
24.	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.				Audits are conducted on a weekly basis by an SIEA and Asset/Ahtna, contractual staff. The results are documented in an electronic file.	
25.	The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.				Audits are conducted monthly and entered into an electronic log.	
26.	The facility positively identifies every detainee being released or transferred.				Detainces are identified by an armband and booking picture card prior to release.	
27.	Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	\boxtimes			All lost/damaged property claims are reported to supervisors and investigated as required.	
28.	Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.				I-387 forms are utilized to report lost/damaged property and maintained in the processing officer's office. The facility administrator receives a copy and a copy is placed within the detainees A-file.	
	PART 2 - 8. FUNDS AND	PERS	ONAL PRO	PER	TY EXCEPTED IN	
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.) The policies, procedures and practices at this facility are sufficient to ensure that detained property is safeguarded and controlled.						
When	a detainee arrives at the facility, all property is inventoried	, tagged	and placed	in con	tainers and sealed.	
Any f	unds the detainee may have are inventoried and verified by	b)(7)e ffi	cers and pla	aced in	a safe.	
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PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
The hold room is situated in a location within the secure perimeter.				This facility operates four hold rooms which are located in the intake area within the secure area of the facility. The intake area is staffed 24 hours each day.		
The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			All hold rooms were clean and well lit. Each had wide, large windows which allowed staff excellent sight lines into each room. All switches are located outside each room.		
The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes					
 No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms. 	×			There are benches provided in each hold room and none contains bunks, cots or beds.		
Hold room walls and ceilings are escape and tamper resistant.	\boxtimes					
6. Detainees are not held in hold rooms for more than 12 hours.				All detainees placed in the hold rooms are entered into a computer log. No manual logs are maintained. The computerized logs reviewed indicated no detainee had remained in a hold room in excess of 12 hours.		
Male and females detainees are segregated from each other at all times.				Females are not accepted at this facility.		
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			Hygiene items are issued during in- processing.		
 If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis. 			×	Each hold room had a toilet.		
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.				All detainees are searched via a metal detector and a pat search at intake prior to being placed in a holding cell.		
 11. When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective. 				Hold cells receive a thorough cleaning and a security inspection once emptied. Any discrepancies found are reported to the intake supervisor.		

action or repair.

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

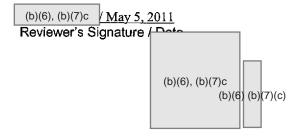
Comp	onents	Meets Standard	Does Not Meet Standard	N/A	Remarks
from the hold rooms in evacuation, or other em	officer to remove detainees case of fire and/or building				The evacuation of detainees in the hold rooms of intake is addressed in the Emergency Evacuation Plan. If evacuation is necessary all detainees are removed from the hold rooms by designated security staff and placed in buses in the sally port area.
	rgency service is called etermination that a medical				
square feet (7 unencu detainee, 5 square lavatory/toilet fixture, a wheelchair turn-around If multiple-occupant	and 25 square feet for a area). hold rooms are used, there sencumbered square feet for	\boxtimes			All of the hold rooms are multi- occupant rooms and each meets the square foot requirement.
are: Compliant with the A Small hold rooms (1 least one combi-uni	steel combination th modesty panels. They American Disabilities Act. to 14 detainees) have at t. 5 to 49 detainees) are	×			All of the hold rooms have stainless steel toilets and lavatories. Two of the four rooms are ADA compliant. The intake area was built and opened in 1995. Capacity in two rooms is 15 and the capacity in the other two rooms is 25. There are two toilets in three of the rooms and three toilets in the other.
16. In SPCs designed after floor drain(s).	1998 the hold rooms have				This facility was built in 1995 and the hold rooms do not have floor drains.
room swings outward ar specifications outlined in		\boxtimes			All of the doors swing outward.
females with children, a	of advanced age (over 70), and unaccompanied juvenile e of 18) are not placed in hold				Persons 70 years and older will not be placed in the holding cells. Family units and juveniles are not accepted at this facility.
19. Minors (under 18) are except for immediate re	confined apart from adults, latives or guardians.			\boxtimes	Minors are not accepted at this facility.
(manually or by compute a hold cell.	maintains a detention log er) for each detainee placed in e required information dard.				All files are maintained by computer and were found to be accurate containing all required data.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Officers provide a meal to any detainee detained in a hold room for more than six hours. 					
 Juveniles, babies and pregnant women have access to snacks, milk or juice. 					
 Meal are served to juveniles regardless of time in custody 					
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes				
 The maximum occupancy for the hold room will be posted. 				The maximum occupancy for each room is posted on the front of each room.	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	\boxtimes			All persons who arrive at the facility are screened by IHSC staff for mental/medical concerns prior to entering the facility.	
Staff does not permit detainees to smoke in a hold room.	\boxtimes			This is a no smoking facility.	
 Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. PART 2 – 9. HOLD ROOMS 	⊠ IN DET			There are (b)(7)e staff assigned to the intake area at all times; thus, there is continual interaction and observation occurring with the detainees in the hold rooms. Documentation is in place and the requirements of this component are being met.	
PART Z = 9. HOLU ROOMS	IN DE	ENTION	-ACIL	IIIES	
	andard	□ N/A		☐Repeat Finding	

The intake area of this facility has a work station that sits on a raised platform in the middle of the room and is surrounded by the four hold rooms. There are work stations on each side of the platform thus staff is in a position to view detainees in the hold rooms from a raised position at all times. There are additional staff assigned in this area conducting searches, interviews and perform security and welfare checks on the detainees who are in the intake area.

The intake area is very clean, well lighted and appropriately staffed.

All detainees received at this facility are required to pass through a metal detector in the Sally Port and are interviewed by DIHS staff prior to entering the facility. The intake and hold room area is well organized and efficiently operated.



PART 2 – 10. KEY AND LOCK CONTROL								
This	s Detention Standard maintains facility safety and secur	ity by re	quiring tha	t keys	and locks be properly controlled and			
IIIdi	maintained,							
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			Rosemark, the contract maintenance staff, has b)(7) employee who has attended an approved State certified locksmith school and b)(7) ICE staff who is assigned to this facility has also attended locksmith training.			
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes						
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			The AFOD has designated the Key Control Officer as the security officer. The Key Control Officer reports to the SDDO of Detention. Training is provided by this individual.			
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			All keys, locks and locking devices are inventoried daily and maintained by the Key Control Officer.			
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				A preventative maintenance program is in place and is well documented.			
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes						
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.				(b)(7)e			
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes						
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes						
	The facility does not use grand master keying systems.	\boxtimes						
	All worn or discarded keys and locks cut up and properly disposed of.							
12.	Padlocks and/or chains are not used on cell doors.	X						

PART 2 – 10. KEY AND LOCK CONTROL						
This	Detention Standard maintains facility safety and secur ntained.	ity by re	quiring tha	t keys	and locks be properly controlled and	
mai						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
13.	The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to	· 				
	 Occupational Safety and Environmental Health Manual, Chapter 3 					
	 National Fire Protection Association Life Safety Code 101. 					
	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.				(b)(7)e	
15.	Procedures in place to ensure that key rings are: • Identifiable		:			
	Numbers of keys on the ring are cited?					
	Keys cannot be removed from issued key rings					
16.	Emergency keys are available for all areas of the facility.				Emergency keys are located in (b)(7)e areas of the facility, (b)(7)e	
17.	The facility uses a key accountability system.					
18.	Authorization is necessary to issue any restricted key.					
19.	Individual gun lockers are provided.				Gun lockers are in an area	
	They are located in an area that permits constant officer observation.				constantly staffed by security personnel and are not in an area where detainees or the public have	
	 In an area that does not allow detainee or public access. 		_		access.	
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				(b)(7)e	
21.	All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.				Staff receives training related to all	
	Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.				of these issues during new employee/initial training. Key training is also conducted during	
	 When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. 				annual refresher training. The facility's written policy clearly addresses all requirements.	
	 Detainees are not permitted to handle keys assigned to staff. 					

PART 2 – 10. KEY A	AD FO	CK CONT	ROL		
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes			The Key Control Officer conducts quarterly inspections of all locks/locking devices, and inventories are conducted daily.	
23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	\boxtimes				
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	\boxtimes				
 The splitting of key rings into separate rings is not authorized. 	\boxtimes				
PART 2 – 10. KEY A	AD FO	CK CONT	ROL		
☑ Meets Standard Does Not Meet Standard N/A Repeat Finding					
	andard	I N/A	1	Repeat Finding	
		<u> </u>	\	Repeat Finding	
	rces us	<u> </u>		Repeat Finding	
Remarks: (Record significant facts, observations, other sou	rces us	sed. etc.)			
Remarks: (Record significant facts, observations, other south) (b)(Keys are counted daily and all inventories are reviewed and main	7)e	sed. etc.)			

	PART 2 – 11. POPULATION COUNTS					
	This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	\boxtimes			Counts are performed once each shift and this facility operate three shifts. The face to photo count occurs during the 9:30 PM count.	
2.	Activities cease or are strictly controlled while a formal count is being conducted.					
3.	There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes				
4.	Formal counts in all units take place simultaneously.	\boxtimes			All counts are conducted simultaneously.	
5.	Officers do not allow detainee participation in the count.	\boxtimes				
6.	A face-to-photo count follows each unsuccessful recount.	\boxtimes				
7.	Officers positively identify each detainee before counting him/her as present.	×			Each detainee is positively identified by color-coded wristband containing their photo.	
8.	Written procedures cover informal and emergency counts.					
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.				The control officer maintains the out-count of all detainees temporarily out of the facility.	
10	Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.				Count procedures are taught during initial orientation training and during annual in-service training. All training is documented on the facility computer system.	
	PART 2 – 11. POP	ULATIO	ON COUN.	TS		
	⊠ Meets Standard ☐ Does Not Meet St	andard	I 🗆 N/A		☐Repeat Finding	

All detainees in housing areas are counted by a security staff member and then re-counted by another security staff member to ensure accuracy of counts. If the count does not clear in a specific area, additional staff is provided and an additional count is conducted. If the count still does not clear, emergency plans are initiated and a face-to-face count is conducted.

All activities cease during counts. Detainees are counted where they are located and identified by color-coded wristbands containing their photo. If they are out of their housing units, out-count procedures are used. Certain activities such as recreation must cease and the detainees must return to their living areas.

All counts are maintaine	d in the central	Lcontrol and all	counts are called	l in to that	location.
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(b)(6), (b)(7)c	/ May 5, 2011	
Reviewer's Si	(b)(6), (b)(7)c	
		(b)(6

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

PART 2 -	12. POST	ORDERS	
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This Detention Standard protects	detainees and staff and en	hances facility secu	rity and good order by	ensuring that
each officer assigned to a securit				

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Every fixed post has a set of Post Orders.				Each post has a post order in the six part format. Each page is signed and dated by the AFOD. All post orders reviewed were signed by staff at that specific post.
	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	\boxtimes			
	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				
	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			The SDDO of Detention Operations is responsible for the preparation and updates of all post orders.
	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.				
	The facility administrator authorizes all Post Order changes.				The AFOD authorizes all changes to the post orders.
	The facility administrator has signed and dated the last page of every section.	\boxtimes			
8.	A Post Orders master file is available to all staff.				
	Procedures keep Post Orders and logbooks secure from detainees at all times.	\boxtimes			
	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.				Post orders are maintained near the assigned security station. Detainees do not have access to post orders.
	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes			Each post officer must sign a log indicating they have read and understand the post order for that assignment.
	In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	\boxtimes			
	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.				
	Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:				The post orders for the armed posts
	(b)(7)e				(b)(7)e
	Post Orders for armed posts provide instructions for escape attempts.	\boxtimes			

PART 2 – 12. F	OST C	RDERS	:		
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
16. The Post Orders for housing units track the daily event schedule.					
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.					
PART 2 – 12. POST ORDERS					
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					
	andard	I N/A	\	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sou The SDDO of Detention Operations periodically conducts inspec revisions; and at a minimum, he conducts annual reviews of all p- facility was conducted in March 2011.	urces us tions of ost orde	sed, etc.) all posts to	detern	nine whether post orders require ew of all of the post orders at this	
Remarks: (Record significant facts, observations, other source The SDDO of Detention Operations periodically conducts inspect revisions; and at a minimum, he conducts annual reviews of all prefacility was conducted in March 2011. All of the post orders reviewed were thorough and contained all of the post orders reviewed all	tions of ost order	sed, etc.) Tall posts to rs. The late entified req	deternest revi	nine whether post orders require ew of all of the post orders at this ents. This facility has 0/(7) post orders.	
Remarks: (Record significant facts, observations, other sou The SDDO of Detention Operations periodically conducts inspec revisions; and at a minimum, he conducts annual reviews of all p- facility was conducted in March 2011.	tions of ost order	sed, etc.) Tall posts to rs. The late entified req	deternest revi	nine whether post orders require ew of all of the post orders at this ents. This facility has 0/(7) post orders.	

PART 2 - 13. SEARCHES OF DETAINEES					
	s Detention Standard protects detainees and staff and ntrolling, and properly disposing of contraband.	d enha	nces facili	y seci	urity and good order by detecting,
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There are written policy and procedures governing searches of housing areas, work areas and of detainees.				The facility has written policy in place governing the search of housing/work areas and detainees.
2.	Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	\boxtimes	-		
3.	Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	\boxtimes			
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	\boxtimes			
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes			Detainees are pat searched and subject to passing through metal detectors/metal detecting wands.
6.	Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.				Detainee detention files and the computer log system were reviewed and contained form G-1025 authorized by a facility supervisor when appropriate. Strip searches were only conducted based upon reasonable belief contraband was being concealed.
7.	Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.				While the facility reports no body cavity searches being conducted, written policy addresses body cavity searches done in compliance with this component.
8.	"Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures				The facility has a designated "dry cell" and written policy is in place. The facility reports it not being used in recent memory.
9.	Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.				
10.	Canines are not used in the presence of detainees				Canines have not been used at this facility during the past year. The facility has a MOU with Customs and Border Protection for canine services, if needed; and when used, canines would not be in the presence of detainees.

	PART 2 – 13. SEARCHES OF	DETAINEES	
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.) The facility has comprehensive written policy in place for searching detainees.

Actual pat searches were observed and metal detecting devices are used throughout the facility.

Strip searches are done consistent with standard expectations and properly documented, with supervisory approval.

The facility is meeting this standard.



PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. Standard Components Remarks The facility has a Sexual Abuse and The Sexual Abuse and Assault Prevention and Intervention Program. Prevention and Intervention policy \boxtimes \Box adequately addresses this component. For SPCs and CDFs, the written policy and procedure The Field Office Director (FOD) X П has been approved by the Field Office Director. approved the policy in May 2011. Tracking statistics and reports are readily available for The Program Improvement review by the inspectors. Coordinator, who is a Physician's Assistant, has been tasked with \bowtie tracking and reporting any sexual abuse or assault. There have been no sexual assaults reported since the last audit. All staff are trained, during orientation and in annual All staff at this facility receives refresher training, in the prevention and intervention training in sexual abuse and assault X П areas required by the Detention Standard. prevention during orientation and again at annual training. Detainees are informed about the program in facility Detainees are informed about the orientation and the detainee handbook (or equivalent). sexual abuse and assault prevention program through an orientation video, as well as the detainee X handbook, which is written in English and Spanish. Information is also provided during the intake assessment conducted by medical staff. The Sexual Assault Awareness Notice is posted on all Sexual Assault Awareness Notices housing unit bulletin boards. were posted on the housing unit X П П bulletin boards and in the medical infirmary. The Sexual Assault Awareness Information brochure The information from the sexual is available for detainees. (Required in SPCs and assault awareness brochure is CDFs.) contained in the detainee handbook.

 \boxtimes

The Medical Orientation and Health Information brochure provides information on reporting

sexual abuse and assault.

PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			During the initial intake screening completed by the medical staff, detainees are screened to identify potential victims of sexual assault, as well as those who may perpetrate abuse or assault. Those identified are referred to mental health for further evaluation. Decisions about housing are made in accordance with identified risk.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			The facility's policies and procedures require the documentation/tracking of detainee sexual abuse and assault; however, there have been no reported incidence of assault in the last year.
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			The facility's policies and procedures require the documentation/tracking of staff sexual abuse or assault on detainees.
11.	There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	\boxtimes			The facility's policies and procedures require prompt and effective intervention, as well as chain-of-command reporting, when any detainee is sexually assaulted or abused.
12.	When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.				When a sexual assault occurs, facility policies and procedures outline the response required in conducting an investigation, gathering and maintaining information, and making referrals to appropriate law enforcement agencies.
13.	When there is an alleged or proven sexual assault, the required notifications are promptly made.				The facility has appropriate policies and procedures in place to ensure required notifications are promptly made. There have been no reported assaults in the last year to assess the facility's response.

PART 2– 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION							
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.							
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks			
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.				Victims of sexual assault would be transported to El Centro Regional Medical Center or Pioneer Memorial Hospital for treatment and evidence gathering. The detainee would then be seen by a trained rape counselor or mental health professionals employed by the facility.			
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	\boxtimes			Facility staff indicated all records of claims of sexual abuse or assault would be maintained and tracked by designated staff.			
SEXUAL ABUSE AND ASSAULT P	REVEN	NTION AN	D INT	ERVENTION			
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding							
Demantics (Decord significant feets, show which at they served at 1)							

The facility has appropriate policies and procedures to ensure detainees are aware of the reporting procedures for any sexual abuse or assault. A Physician's Assistant has been designated as the person to track and report any cases of abuse or assault. Should that occur, treatment would be provided by a local hospital, an investigation would be initiated, and treatment would be offered. There have been no documented cases allowing for the assessment of the facility's response; however, their policies address all requirements of the standard.

Gerald W Burgener, Ph.D. / N Reviewer's Signature / Dat (b)(6), (b)(7)c (b)(6) (b)(7)(c)

PART 2 - 15, SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Written policy and procedures are in place for special management units.				The facility has specific written policy in place for the special management unit (SMU).	
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.				Classification staff reviews all factual information available prior to placing a detainee in administrative segregation.	
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.					
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	\boxtimes			IHSC staff are immediately notified when a detainee is about to be placed in segregation. IHSC staff conducts an interview/examination of the detainee and completes a form clearing the detainee for SMU housing.	
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	\boxtimes				
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			Single cell rooms are used in the SMU. If more room was needed beyond the capacity (18) then detainees would be transferred to another facility.	
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes				
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.				Computer logs are maintained on each detainee within the SMU. Each log details their daily activities. A visitor and VIP log is also maintained to record who visits the unit and when.	

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.					
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				Logs were reviewed and each contained the required information.	
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 				Form I-888 is utilized at this facility. A number of files were reviewed and each included all of the required information. IHSC staff visits all detainees in the SMU daily. Each shift records the information required by this component.	
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.					

PART 2 - 15. SPECIAL MANAGEMENT UNITS

	PART 2 – 15. SPECIAL MANAGEMENT UNITS This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
seg Adn							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.				Facility policy states what specific property a person placed in administrative/disciplinary segregation may possess.		
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	\boxtimes			Facility policy for the SMU explains the privileges afforded to those in administrative and disciplinary segregation. Administrative segregation detainees receive the same privileges as general population detainees.		
15.	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	×			Persons in administrative segregation may participate in all of the programs detainees in general population may attend. They are also allowed two hours of recreation time as opposed to the one hour given to those in disciplinary segregation.		
16.	Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes					
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			Available log books support supervisory staff meeting this requirement.		
18.	The facility administrator (or designee) visits each SMU daily.						
	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	⊠			IHSC staff visits the detainees in the SMU every day, speaks with each detainee to check on their condition, distributes medications when appropriate and checks the conditions of the showers.		
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			-		

DADT 2_	. 15 SPECIAL MANAGEMEN	OTHAIL TO

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	\boxtimes			Detainees housed in the SMU are allowed to shower daily. All other services are provided in the same manner as is provided to the general population detainees.
22.	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	\boxtimes			Bedding and linen is not denied at this facility. Policy indicates a detainee who cannot be controlled would be reviewed for transfer to a different facility. Staff interviewed could not remember any instances where this occurred.
23.	Detainees in an SMU may write and receive letters the same as the general population.		-		There is a mail box in the SMU, and detainees may send and receive correspondence the same as general population detainees.
24.	Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes			Detainees in the SMU may receive visits.
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	\boxtimes			Staff stated they have not denied visits during the last year; however any such denial would be documented and require AFOD review.
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.				
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes			
	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.				
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes			

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
30. Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			Staff reports they have not denied any types of visits for detainees housed in the SMU during the last year.			
31. There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.							
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	\boxtimes			The Chaplain visits the SMU each day and checks with each detainee to see if they have any religious needs or requests. The Chaplain is non-denominational.			
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes			Detainees are allowed two magazines/books (not including religious materials), provided by the recreational specialist on a rotating basis.			
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.				All detainees housed in the SMU may use the law and general library upon request. They may retain legal materials in their living areas as long as it doesn't present a fire hazard. Additional requests for legal material are accommodated.			
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.							
 Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances. 	\boxtimes						
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 							

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
seg Adn	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	W /N	Remarks		
38.	Recreation for detainees in the SMU is separate from the general population.	\boxtimes			Two separate recreation areas are provided for SMU detainees. All SMU recreation is conducted under constant security staff observation.		
39.	The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)				Staff maintains a separations list to guide them in this regard.		
40.	Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.						
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	\boxtimes			Policy addresses the procedures for documenting the denial of recreation for a detainee and the review process. Staff reports recreation privileges have not been denied for any detainee during the last year.		
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.				Recreation activities have not been denied to any detainee during the last year. Policy requires the documentation for denial be part of the weekly review of persons housed in the SMU.		
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.						

		CEMENTI	

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.				All detainees housed in the SMU may use the telephone for legal and/or personal calls at any time during waking hours. There is one telephone and 18 cells meeting the requirement of telephones to detainee ratio.
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.				Form I-886, documenting supervisory approval to place a detainee in the SMU, is completed by ICE staff and issued to the SMU officers prior to the detainee being placed in administrative segregation. The detainee receives a copy as they enter the unit. The
	If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release				order indicates whether the housing was requested or imposed by classification staff. The SMU officers also receive a form completed by IHSC staff and signed by security staff supervisors clearing the detainee for placement in the SMU. If a release date is known it is indicated on this form (SMU Tentative Release Date and Medical/Psychological Needs Form).
	on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)				

	MANAGEMENT	

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

	Components There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885.	Meets Standard	Does Not Meet Standard	∀N	Written facility procedures address the requirements of this component. At this facility, a supervisor conducts an immediate review of all persons placed in the SMU for any reason. An additional review is conducted within 72 hours and if the detainee remains in the SMU a weekly review is started. Detainees receive a copy of the review and order continuing their stay in the SMU. Additionally, 30-day and 60-day reviews are conducted and
	When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.				documented. All reviews are forwarded to the AFOD. Only the AFOD may reduce a detainee's time in administrative or disciplinary segregation. All 30- and 60-day reviews are forwarded to the FOD after review by the AFOD.
47.	A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.				Written notification is issued to the detainee and a copy placed in their SMU file. The detainee may appeal the decision via the grievance procedures process.
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes			The detainee may appeal their housing assignment via the grievance process. All appeals reviewed are forwarded to the AFOD for final decision. The detainee is notified of the decision in writing.
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	\boxtimes			The Supervisory Immigration Enforcement Agent (SIEA) who oversees the SMU conducts these reviews and forwards all reports to the AFOD. The detainee receives a written copy of the AFOD's decision. A similar review is conducted every 30 days thereafter.

PART 2 - 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	\boxtimes			All reviews conducted by the AFOD are forwarded to the FOD for review. The FOD complies with the requirements of this component.
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	\boxtimes			The FOD is notified in written form when detainees have been housed in the SMU in excess of 60 days. The FOD complies with the requirements of this component.
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	\boxtimes			Detainees are placed in SMU by the Institutional Disciplinary Panel (IDP) after a hearing resulting in a finding of guilty. Files and records reviewed indicate no detainee received more than 60 days in the SMU as a sanction from a disciplinary committee.
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	\boxtimes			All detainees housed in disciplinary segregation over 30 days are reviewed by the SIEA, who sends a written report to the AFOD. The AFOD forwards all reviews to the FOD responsible for making transfer decisions.
54.	Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.	\boxtimes			
		<u> </u>			

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks	
 55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. All review documents are placed in the detainee's detention file. 				An ICE SIEA reviews and interviews all persons housed in the SMU weekly. Reports are generated on all detainees and forwarded through the chain-of-command to the AFOD. The detainee receives a written copy. Recommendations are made to the AFOD related to possible early release; however, the AFOD has the final authority. Once a detainee is released from the SMU all documentation maintained on the detainee is routed to their detention file.	
PART 2 – 15. SPECIAL MANAGEMENT UNITS					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The facility has a housing unit consisting of 18 single cells used to house detainees assigned to administrative and disciplinary segregation. There is also one padded cell that may be used for persons who are suicidal. If a detainee is placed in the padded cell the door remains open and a security officer is stationed at the door entrance to provide constant observation.

Detainees placed in the SMU retain the majority of their property and all of their privileges to include: placing telephone calls to family/friends and for legal purposes, visitation, recreation, correspondence, legal and general library access, and barbering services.

(b)(7)estaff is assigned to the SMU at all times and security/safety checks are conducted at frequent intervals but at least every 30 minutes. IHSC staff visit every detainee housed in the SMU each day.

All of the documentation reviewed indicated staff is utilizing the appropriate forms. Logs, records and files are maintained in accordance with the standard. A board is used at the officer's desk listing all of the persons who are housed in the SMU with arrival dates and expected release dates.

(b)(6), (b)(7)c / May 5,		
Reviewer's Signature		
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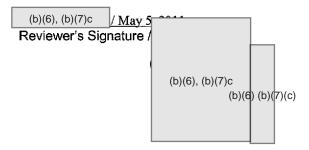
PART 2 – 16. STAFF-DETAINEE COMMUNICATION					
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.					
It also requires the posting of Hotline informational poster Inspector General.	s from	the Depart	ment	of Homeland Security Office of the	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur. 					
Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			The posted schedule details ICE staff visiting housing units four times per week.	
 Scheduled visits are posted in ICE/DRO detainee housing areas. 	\boxtimes			Detainee housing units inspected contained postings of scheduled ICE visits.	
 Visiting ICE staff observe and note current climate and conditions of confinement. 				Climate and conditions inspection reports were reviewed and meet the requirements of this component.	
ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.					
6. The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.					
 A secure box is located in an accessible location for detainee's to place their Detainee Request Forms. 				Secure ICE mail boxes for detainees to place their mail to ICE were located in the dining room and the SMU.	
 Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms, 				Daily, the SIEA unlocks the provided mail boxes and removes the mail for handling.	
 ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log. 				The facility maintains a computer log documenting receipt of response to detainee requests as required.	
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			The facility handbook and orientation video provide detainees notification of their right to correspond with ICE/Detention and Removal Office (DRO).	
 OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas. 	\boxtimes			Recreation, dining and all housing areas inspected contained the Office of Inspector General (OIG) Hotline Informational Posters.	
 Daily telephone serviceability checks are documented in the housing unit logbook. 	\boxtimes			The facility uses a "telephone serviceability" worksheet which is completed twice per shift.	
PART 2 – 16. STAFF-DETAINEE COMMUNICATION					

⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding	

ICE staff is interacting with facility detainees. Postings and documentation reviewed clearly supports a good level of communication.

Housing units contain request forms and secure boxes are identified for detainees to place their requests.

Requests are received and responded to, consistent with requirements of the standard.



	PART 2-17. TO	OL CO	NTROL		
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The AFOD, in conjunction with the contract Project Manager for the maintenance contractor (Rosemark), is responsible for developing and implementing written tool-control procedures to include inventories, inspections and accountability.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			The warehouse is located outside the secure perimeter of the facility and receives all deliveries.
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	⊠			The use of tools, keys, medical and dental equipment, and culinary equipment within the secure perimeter of the facility is controlled and proper inventories are maintained.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.				Tools and equipment inside the secure perimeter use a chit system. Chits are placed on the shadow board.
5.	Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory				All equipment maintained inside the secure perimeter of the facility has inventories.
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			All tools and equipment stored inside the secure perimeter have inventories and are posted in the area where the tools/equipment is located.

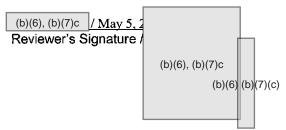
PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 7. 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. 				The tool policy requires regular inventories occur in all areas. The policy requires daily, quarterly and annual inventories be conducted.		
 8. The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 				All tools at this facility are marked restricted and non-restricted per the policy.		
 Department heads are responsible for implementing proper tool control procedures as described in the standard. 				All department heads are adhering to the policy as it relates to securing and inventorying equipment assigned to their areas.		
 There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable. 						
 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				All tools and equipment stored inside the secure perimeter of the facility has an approved storage policy to include inventories, accountability, shadow boards with a white background, indications of restricted and non-restrictive (red and black shadowing).		
12. Tools removed from service have their shadows removed from shadow boards.				All tools and equipment located inside the secure perimeter that has been removed from service will be routed to the warehouse, removed from all inventories and the shadow board painted over.		
 Tools not adaptable to a shadow board are stored in a locked drawer or cabinet. 				All tools and equipment stored inside the secure perimeter of the facility are stored in a secure manner.		
14. Sterile nacks are stored under lock and key						

PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
15. Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			All repairs and the handling of tools are completed by the contract maintenance staff, Rosemark. Policy states, "detainees may be issued non-restrictive tools and would be under constant supervision of security staff;" however, at this facility Rosemark contractual employees conducts all repairs and do not use detainee labor.		
 16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: Verbal and written notification. Procedures for detainee access. Necessary documentation/review for all incidents of lost tools. 	×			The facility policy addresses lost tools to include verbal and written notifications. If it is determined a tool has been lost/misplaced, all detainees are kept in place for searching purposes. All events are documented and reviewed for follow-up action.		
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes					
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.	\boxtimes			Contracted maintenance staff is escorted at all times by an officer, and a complete inventory of all tools is reviewed upon entry and exit of the facility.		
 Hoses longer than three feet in length are classified as a restricted tool. 						
 Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used. 	\boxtimes			Scissors are tethered.		
PART 2-17. TO	OL CO	NTROL				
⊠ Meets Standard ☐ Does Not Meet St	☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Remarks: (Record significant facts, observations, other sources used, etc.)
All of the tools for this facility are stored in a warehouse located outside the secure perimeter of the facility.

If repairs are needed inside the secure perimeter of the facility, a maintenance technician obtains the tools/equipment needed and completes a three-part inventory form. One copy of the inventory remains with the tool room staff who issued the tools, the mechanic maintains one copy and the security guard who grants entrance to the secure area of the facility maintains the third copy.

The security officer checks the inventory against the tools in the possession of the mechanic. Once approved, the mechanic enters the facility to conduct their work. Mechanics will have their tools and inventory checked again by staff when entering a housing unit. Once the work has been completed, the mechanic checks out of the secure perimeter. The inventory is checked to ensure the tools that entered the facility are still in the possession of the mechanic.



	PART 2 – 18. USE OF FORCE AND RESTRAINTS						
resc	This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.						
	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
1.	(MANDATORY) The facility has a Use of Force Policy.	\boxtimes			This facility has a comprehensive Use of Force policy.		
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.				Policy allows staff to react to a force situation without supervisory approval if the action is immediately necessary to ensure safety or security of the detainees and/or the facility.		
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.				Policy instructs staff to always attempt to resolve situations prior to force being employed.		
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.						
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.				The Use of Force policy has a detailed section regarding procedures for calculated force situations to include notifying the medical section prior to employing force. Only the AFOD may authorize a calculated force event.		
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. • Under staff supervision.						
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.						
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			All events are videotaped, documented and reviewed as required.		

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
resolve a situation have failed, and only for protection of se	This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.				All staff involved in a force event is required to make a written report to their immediate supervisor, who in turn makes a report to the AFOD. All reports must be completed prior to the end of the shift. DIHS staff will be included in the event and will complete an examination of the detainee after the event is concluded. Medical assistance will be provided to staff if needed. All events are videotaped and any discrepancies in the taping are explained.		
 10. Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses 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. 				The Medical Care policy allows medication to be used for restraint purposes. Staff reports this has not been necessary during the last year.		
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				Written policy instructs staff to always attempt to prevent injury to all parties and to use universal precautions related to communicable disease. Thus staff is informed to always wear gloves and protective clothing when possible, and they are trained in the handling of spilled blood and body		

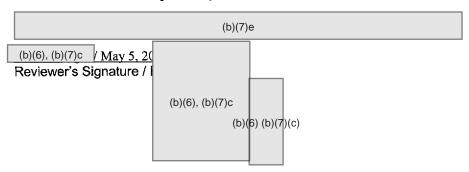
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PART 2 – 18. USE OF FORCE AND RESTRAINTS					
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. 					
 Dressing the detainee appropriately for the temperature. 					
 A bed, mattress, and blanket/sheet. 					
Checking the detainee at least every 15 minutes.	\boxtimes			(b)(7)e	
 Logging each check. 				` / ` /	
 Repositioning detainee often enough to prevent soreness or stiffness. 					
 Medical evaluation of the restrained detainee twice per eight hour shift. 					
 When qualified medical staff are not immediately available, staff position the detainee "face-up." 					
14. The shift supervisor monitors the detainee's position/condition every two hours.				Two hour checks are made by supervisory staff; and if the detainee's behavior becomes	
He/she allows the detainee to use the restroom at these times under safeguards.				acceptable, the detainee is immediately removed from the restraints. The detainee is allowed to go to the restroom when needed.	
15. All detainee checks are logged.	\boxtimes			Logs are maintained until the restraints are removed.	
 In immediate-use-of-force situations, officers contact medical staff once the detainee is under control. 	\boxtimes				
 When the Facility Administrator authorizes use of non-lethal weapons: 				IHSC staff reviews the detainee's	
 Medical staff are consulted before staff use pepper spray/non-lethal weapons. 				medical files prior to staff using force involving non-lethal weapons.	
 Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 					
 Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access. 	\boxtimes			All intermediate weapons used at this facility are stored outside the secure perimeter of the facility.	
 If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. 				No intermediate force weapons are stored in the SMU.	
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted				The facility does not accept female detainees.	

PART 2 – 18. USE OF FORCE AND RESTRAINTS					
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
21. Protective gear is worn when restraining detainees with open cuts or wounds.				Staff is trained in the use of protective clothing and gloves.	
22. Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes			All staff involved in the force event is required to document their role/activity to include the use of restraints and or non-lethal weapons. These reports must be completed and submitted prior to the end of the shift.	
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			All force documentation is routed through the chain-of-command to the AFOD for review.	
 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use. 	\boxtimes				
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	\boxtimes			(b)(7)e	
26. The use of canines is restricted to contraband detection purposes only.	\boxtimes				
 The officers are thoroughly trained in the use of soft and hard restraints. 					
28. <u>In SPCs</u> , the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes			The Use of Force form is used at this facility by all staff.	
PART 2 – 18. USE OF FO	RCE A	ND REST	RAIN	rs	
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The facility has a written Use of Force policy meeting PBNDS requirements. The facility reports there were 27 force events for the past 12 months.

Staff receives initial training in use of force regulations, restraints, handcuffing techniques, use of force tactics, self defense tactics, and force avoidance techniques. They also receive similar training during their mandated annual refresher training.



Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

	PART 3 – 19. DISCIPLINARY SYSTEM					
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.						
with identity raise and regardient and imposing disorphicary safetations to control the behavior of those who do not.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			Facility written policy addresses the disciplinary process and procedures.	
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes				
3.	Written rules prohibit staff from imposing or permitting the following sanctions:					
	corporal punishment					
	deviations from normal food service		!			
	clothing deprivation				Facility policy addresses each of the	
	bedding deprivation	\boxtimes			bulleted items listed and prohibits the use of any of these as	
	denial of personal hygiene items				disciplinary sanctions.	
	loss of correspondence privileges					
	deprivation of legal access and legal materials					
	deprivation of physical exercise					
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The detainee handbook, available in English and Spanish, describes the disciplinary process to include conduct, sanctions and procedures. The video orientation also describes the disciplinary process.	
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:					
	Rights and Responsibilities	\boxtimes			All of these items are posted in	
	Prohibited Acts				Spanish and English in the detainee housing areas.	
	Disciplinary Severity Scale					
	• Sanctions					
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes				
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes				
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	\boxtimes				

PART 3 – 19. DISCIPLINARY SYSTEM					
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.					
Components	Meets Standard	Does Not Meet Standard	V/A	Remarks	
An intermediate disciplinary process is used to adjudicate minor infractions.					
 10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC 				The Institutional Disciplinary Committee (IDC) conducts all hearings referred by the Unit Disciplinary Committee (UDC). The committee is comprised of	
 Considers written reports, statements, physical evidence, and oral testimony Hears pleadings by detainee and staff representative 				(b)(7)e security staff. All reports, investigations, testimony and evidence is reviewed and considered during the hearing. A	
 Bases its findings on the preponderance of evidence Imposes only authorized sanctions 				preponderance of the evidence is used to make a finding of guilty or not guilty. If found guilty, only sanctions authorized by policy are imposed.	
 A staff representative is available if requested for a detainee facing a disciplinary hearing 	\boxtimes				
 The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented. 					
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.					
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".					
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes				
PART 3 – 19. DISC	IPLINA	RY SYSTE	EM		
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

(b)(7)e

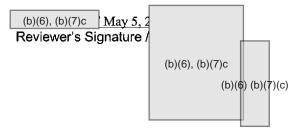
The documentation

reviewed indicates all of the appropriate forms, notices, investigations, hearing protocols and notifications to the detainee are occurring consistent with the requirements of this standard.

Staff and supervisors are encouraged to resolve all disciplinary issues quickly and informally, if and when possible. If this cannot be accomplished, then the formal process is initiated.

Staff is allowed to assist detainees when such assistance is requested. Witness testimony is taken and all incidents are thoroughly investigated to ensure due process is afforded.

The detainee is explained their rights prior to any disciplinary process beginning and the procedures and process to file an appeal is explained to them verbally and in written form.



Performance-Based National Detention Standards

Section IV CARE

- 20 Food Service
- 21 Hunger Strikes
- 22 Medical Care
- 23 Personal Hygiene
- 24 Suicide Prevention and Intervention
- 25 Terminal Illness, Advance Directives, and Death

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The Food Service Administrator (FSA) is ServSafe certified. Responsibilities for the cooks and cook foreman are in writing and determined by the FSA.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.				In addition to the FSA, the food service department is staffed by an Assistant FSA. The Assistant FSA in on duty when the FSA is not.
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard				All food service employees are provided training by the FSA. Detainees are only allowed to perform cleaning duties.
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	\boxtimes			(b)(7)e Knives and keys are inventoried and stored in accordance with the Tool Control standard.
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	\boxtimes			All knives utilized by staff in food service are secured by a cable to the workstation when used. Detainee workers do not use or handle any knives or cooking utensils. The condition of knives and dining utensils are monitored by staff.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			The facility does not utilize food items that may pose a security threat to the facility.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			All areas of food service are inspected and searched daily.
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.			\boxtimes	Food service staff does not perform population counts. Counts are conducted by security staff.

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
9. (MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	\boxtimes			All detainees/staff are medically cleared prior to assignment to food service. Detainees are assigned to food services for cleaning purposes only and are not allowed to prepare food. Proper clothing is issued and complies with the food service standard.	
 The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to- date. 	\boxtimes			Detainee-volunteer job descriptions were reviewed and up-to-date.	
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.					
 12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 				Documentation is on file and includes all of the requirements of this standard.	
13. The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			Individual detainee files inspected contain training records and were maintained in the food services department.	
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.				Detainees in the voluntary work program are paid at the rate of \$1.00 per day consistent with regulations.	
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			Meal times are 6:00 AM, 11:00 AM and 4:30 PM daily. As inspected, the requirements of this component are met.	
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				The facility utilizes a blind serving/feeding process in the dining hall.	
 The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals. 	\boxtimes			The facility has a 35-day menu cycle.	

PART 4 - 20. FOOD SERVICE This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. Does Not Meet Standard Meets Standard ۷× Components Remarks 18. (MANDATORY) A registered dietitian shall conduct a A registered dietician conducts an complete nutritional analysis that meets U.S. annual review of the master menu to Recommended Daily Allowances (RDA), at least ensure nutritional compliance. annually, of every master-cycle menu planned by the Documentation was in place by the FSA. The dietitian must certify menus before they are registered dietician certifying the Xincorporated into the food service program. menu before it was incorporated by necessary, the FSA shall modify the menu in light of the facility. If the menu was the nutritional analysis to ensure nutritional adequacy. modified by the FSA, the registered The menu will need to be revised and re-certified by dietician is required to re-certify the the registered dietician in that event. 19. The FSA has established procedures to ensure that The facility has approved recipes items on the master-cycle menu are prepared and \boxtimes utilized by food service personnel in presented according to approved recipes. preparing daily menus. 20. The Cook Foreman has the authority to change menu Cooks have the authority to change items if necessary. menus if necessary, document each \boxtimes П substitution, and forward a copy to If yes, documenting each substitution, along with the FSA. its justification, with copy to the FSA 21. All staff and volunteers know and adhere to written X \Box П "food preparation" procedures. 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can Common fare meals meeting the be made at the facility level. requirements of this standard are prepared and provided by an Hot entrees are offered three times a week. outside source. The facility The Common Fare menus satisfy nutritional purchases meals along with recommended daily allowances (RDAs). \boxtimes П disposable plates and utensils from Staff routinely provide hot water for instant Sysco Food Services. Changes can beverages and foods. be made by the facility FSA in Common Fare meals are served with: discussion with the AFOD. Hot entrees are provided during every Disposable plates and utensils. evening meal. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 23. Detainees whose religious beliefs require Detainees are required to submit an adherence to particular religious dietary laws are \boxtimes \Box application for a religious diet to the referred to the Chaplain or FSA. religious services department. 24. A supervisor at the command level must approve a Religious services personnel review detainee's removal from the Common Fare Program. all detainee requests to be removed from the common fare program and \boxtimes

make a recommendation to the AF OD. The AFOD makes the final decision to remove a detainee from

the program.

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
	p	5 5			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes			The facility AFOD, in conjunction with religious services, provides the FSA a schedule of the ceremonial meals for the following calendar year.	
 26. 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 after sundown. 					
 Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate. 					
 Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 					
27. The food service program addresses medical diets.				Medical diets are approved by the medical department.	
28. Satellite-feeding programs follow guidelines for proper sanitation.				The special housing unit and infirmary are the only areas that are satellite-fed. All other areas utilize the facility dining hall. As observed, the satellite feeding process and proper sanitation procedures were followed	
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.				Observation of food temperatures taken during the lunch meal on May 4, 2011 verified all foods were maintained within the proper temperature ranges.	
30. All meals provided in nutritionally adequate portions.					
31. Food is not used to punish or reward detainees based upon behavior.					
32. The food service staff instruct detainee volunteers on:				Food service staff instructs detainee	
Personal cleanliness and hygiene;				volunteers in all areas except for	
 Sanitary techniques for preparing, storing, and serving food, and; 				preparing, storing and serving food. Detainee workers are only used to clean and wash serving trays, and	
 The sanitary operation, care, and maintenance of equipment. 				are not involved in handling food.	
 Everyone working in the food service department complies with food safety and sanitation requirements. 	\boxtimes				

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	ed a nutr	ritionally ba	lanced	diet that is prepared and presented	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.				Written procedures for those staff conducting weekly inspections of food service were on hand.	
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes			All discrepancies found during inspections are submitted on a work order to the maintenance supervisor.	
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	\boxtimes			Dish machine temperatures are checked and documented as required by the standard. Dish machine temperatures were checked on May 4, 2011 and were in compliance.	
 (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service. 				Documentation of refrigerator/freezer temperatures were reviewed and were found to be within guidelines.	
38. The cleaning schedule for each food service area is conspicuously posted.					
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes				
40. Storage areas are locked when not in use.	\boxtimes			Storage areas were locked during the review.	
 Food service personnel conduct shakedowns along with detention staff. 					
42. In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	\boxtimes			ICE officers, along with contract security staff, participate in dining room supervision.	
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.				Menus are certified by a registered dietician prior to being incorporated into the food service program.	
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	\boxtimes			The FSA submits quarterly cost estimates to the AFOD as required, and they are factored into the quarterly budget.	
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes			Sack lunches are prepared by food service personnel only.	
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.				Air curtains are installed on the doors that enter the food service area.	
 Staff comply with the ICE requirements for "food receipt and storage. 	\boxtimes				

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	\boxtimes			Complete inventories are conducted on a monthly basis and spot checked weekly.	
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.				The storeroom, refrigerator and freezers were inspected during the review. All areas were very clean and organized.	
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	\boxtimes			The dining room is designed to accommodate 132 detainees at once. Sufficient space is available and detainees are allowed sufficient time to consume meals.	
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.				The food service department is inspected annually by the U.S. Border Patrol Area Safety and Occupational Health Manager. Corrective action is directed by the AFOD to the maintenance staff by issuing a priority work order.	
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.				A complete written inspection report is submitted to the FSA and AFOD and corrective action is taken if needed.	
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.				All cleaning chemicals utilized for the dish machine and wash areas are dispensed outside of the food service area. MSDS information is contained in a binder inside food service and outside with each cleaning substance.	
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.				Pest control for the food service department is provided by Valley Storm Exterminators. The FSA is the designated individual responsible for contract compliance and documentation of pest control.	
FOOD S	ERVIC	E			
☑ Meets Standard Does Not Meet Standard N/A □Repeat Finding					

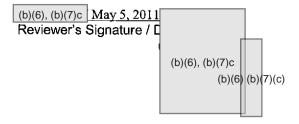
The facility contracts with Asset/Ahtna for food service operations and utilizes an average of six detainees for cleaning purposes only. Although detainees do not prepare food, staff does an excellent job of ensuring that the detainees are properly trained.

All areas of food service were visited during the review. The areas were clean and organized. Safety and food service staff conduct weekly sanitation inspections of all food service areas. Staff properly monitor and document freezer, refrigerator and dish machine temperatures.

All menus were properly analyzed by a Registered Dietitian.

(b)(7)e was very well organized and locked at all times. Cooking utensils and knives are inventoried and accounted for at all times.

Food served was nutritionally adequate and presented well. Detainees interviewed confirmed this to be routine for this facility.



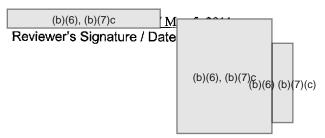
TL	PART 4 – 21. HUNGER STRIKES This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate,								
tre	ating any detainee who is on a hunger strike.	ell-bein	g by monit	oring,	counseling and, when appropriate,				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
	When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.				The facility's policies require the medical department to be notified when a detainee has not eaten in 72 hours. Procedurally, ICE is notified after a detainee has not eaten two consecutive meals and medical is notified after 72 hours.				
	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.		-		Medical staff notifies the on-site ICE personnel via the chain of command when a hunger strike occurs.				
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			The Hunger Strike policy requires staff to immediately respond to hunger strikes.				
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Per the Hunger Strike Policy, hunger strikers are placed in the medical Short Stay Unit (SSU) or in the Special Management Unit (SMU) if the SSU is full.				
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				According to the Hunger Strike Policy, medical personnel are authorized to place hunger strikers in a secure room in the SSU or in SMU.				
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			The medical staff records the weight and vitals of a hunger striker at least every 24 hours.				
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			A blanket Consent for Treatment is obtained during the initial booking process. Consent is assumed unless a Refusal of Treatment is signed.				
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	\boxtimes			The Hunger Strike Policy requires a Refusal of Treatment to be signed if a detainee rejects a medical evaluation or treatment. If the detainee refuses to sign, the nurse documents the refusal and two staff witnesses the refusal.				
9.	Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	\boxtimes			Unless otherwise directed by medical staff, three meals per day are delivered to the hunger striking detainee. The detainee's consumption of these meals is documented in the medical record.				

PART 4 – 21. HUNGER STRIKES								
This Detention Standard protects detainees' health and we treating any detainee who is on a hunger strike.	ell-being	g by monit	oring,	counseling and, when appropriate,				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
Staff maintain the hunger striker's supply of drinking water/other beverages.				A pitcher full of water is given to the detainee, allowing consumption to be monitored. Juice and milk are provided with meals and consumption is monitored by facility staff.				
During a hunger strike, staff remove all food items from the hunger striker's living area.				When the hunger striker is placed in the SSU, they are not allowed to bring any food items into the secure area. They are searched prior to entering the cell and the cell is searched to ensure food is not being secreted within the cell.				
 Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent. 				The facility utilizes the Hunger Strike Monitoring Form I-839 to record the detainee's fluid and food intake.				
The medical staff have written procedures for treating hunger strikers.				The facility's Hunger Strike Policy and the Local Operating Procedures provide written guidance for treating hunger strikers.				
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.				The facility documents all treatment attempts, including counseling, in the detainee's medical record.				
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				During the orientation process, all staff receive training in identifying and referring a hunger striker. Further training is provided during annual in-service training. Medical staff receives periodic training in evaluating and treating hunger strikers during training programs and during monthly staff meetings. If necessary, the HSA will provide immediate information through e-mail.				
PART 4 – 21. HU	NGER	STRIKES						
☑ Meets Standard ☐ Does Not Meet Sta	indard	□ N/A		Repeat Finding				

Remarks: (Record significant facts, observations, other sources used, etc.)
The facility has adequate policies and procedures to address the referral and treatment of a hunger striker.

Training is provided to security staff during initial orientation and during annual in-service. The facility provides its own training in conjunction with what is offered by ICE. Medical staff receives additional training that is more specific as to the treatment of the hunger striker.

During the last year, a hunger striker was received by the facility from a county jail. A review of his medical record indicated the detainee received appropriate medical care. Medical exams were conducted on a regular basis including: daily vitals, lab work, counseling, and a referral to an outside hospital for more intensive assessment. The detainee had refused some services during the initial stages of the hunger strike. The refusals were appropriately documented, with the possible consequences of his behavior being fully explained. The detainee eventually discontinued his hunger strike and re-entered general population.



PART 4 – 22. MEDICAL CARE									
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.									
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			Staff licenses were current, along with the pharmacy license and the Clinical Laboratory Improvement Act waiver for on-site laboratory testing.					
The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			Medical staff completes an intake screening on all arriving detainees within 12 hours of arrival and before they are placed in a housing unit. A review of 75 medical records indicated all of the detainees received a medical screening within the appropriate timeframe.					
3. (MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.				Medical services are provided 24 hour per day, seven days a week by a combination of IHSC/Prison Health Services (PHS) staff and the medical contractor, STG International. Inc. The facility employs a (b)(7)e (b)(7)e Registered Nurse (RN) who is the HSAb (7RN who is a Nurse Supervisor)(7) Surse Practitioner, (b)(7)e Physician's Assistants, (b)(7)e (b)(7)e Pharmacist (b)(7)e Dentist, (b)(7)e Ns(b)(7)e Licensed Vocational Nurses (LVN), (b)(7)e Medical Records Technicians)(7) Charmacist Technician, and (7) Qental Assistant. Intake screenings are performed by RNs, sick call and daily SMU rounds are performed by mid-level providers. LVNs and RNs distribute medication. More intensive medical procedures are completed by the (b)(7)e (b)(7)e who is a physician. The facility has complete job descriptions on all staff members and those documents are reviewed yearly.					

	PART 4 – 22. MEDICAL CARE									
Th pre	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.									
-	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				The detainee handbook, available in English and Spanish, details the procedure for accessing medical services. This information is also conveyed to detainees during an orientation video. If the detainee does not understand either language the Interpretalk phone system is utilized in conjunction with the IHSC Officially Translated Patient Educator to provide the detainee with the necessary information.					
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			Medical staff is on-site 24 hours per day, seven days per week. The facility has a well equipped trauma room for use in responding to an emergency. The CD and Psychiatrist are on call for emergencies when they are not onsite. If necessary, detainees are transported to El Centro Regional Medical Center or the Pioneer Memorial Hospital emergency room for medical, dental, or mental health services not available at the facility.					
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.				All new direct care staff receives a TB test prior to employment and are required to furnish proof of an annual yearly exam. Hepatitis B vaccine is offered to all staff.					
7. 	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.				The job descriptions, licenses, certifications, and credentials of the medical staff were reviewed and found to be current and appropriate.					
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).				Upon arrival, the detainee is provided and signs for a handbook that is written in English and Spanish. The handbook details the procedure for obtaining medical services.					

PART 4 – 22. MEDICAL CARE								
Thi: pre	s Detention Standard ensures that detainees have a vention and health education, so that their health care	iccess needs a	to a conti are met in	nuum a time	of health care services, including ly and efficient manner.			
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.				Credentialing files were reviewed and found to be appropriate. The facility maintains accreditations with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Commission on Correctional Health Care (NCCHC), and the American Correctional Association (ACA).			
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	\boxtimes			Within 12 hours of arrival, a medical professional provides all detainees a complete medical screening, including dental and mental health. A review of 75 medical records indicated all of the detainees were screened within 12 hours of arrival.			
11.	health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				Spanish-speaking nurses are available to communicate with those detainees that speak that language. The telephone-based Interpretalk system is available for those detainees that do not speak English or Spanish.			
	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				Two interview rooms, along with three exam rooms, are available to provide medical/mental health services to the detainees. A well-equipped trauma room is available for emergency services and minor medical procedures. The interview/exam rooms allow for detainee privacy.			
	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The medical unit is located within the secure perimeter and has its own restricted access area.			
14.	The medical facility entrance includes a holding/waiting room.	\boxtimes			A holding room is located at the entrance to the health care unit.			
	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			(b)(7)e security officers are posted in the health care unit and have direct observation of the holding room.			
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.				A drinking fountain is available within the holding room and a toilet is located in an adjacent room.			

	PART 4 – 22. MEDICAL CARE									
This prev	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.									
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
	 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. Procedurally, no copies made and placed in detainee files. 				The Case Tracker Enterprise program is utilized to maintain electronic records of the detainee's medical treatment. Medical staff enters much of the information directly into the system, with some scanned from paper documentation. The electronic records are password protected and limited to medical staff only. No copies of medical records were found in the detainee files.					
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.				At the time of booking, blanket consent is signed by the detainee authorizing medical treatment. Procedure-specific consents are obtained when dental procedures are performed or when psychotropic medications are administered.					
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				The detainees sign a Freedom of Information Act form when they are requesting the release of their confidential medical records.					
	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Normally, notification of one hour to one week is provided prior to detainee removal, release, or transfer.					
	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				According to the medical staff, a Medical Transfer Summary is prepared for all transferring detainees. Medical records are transferred when the detainee is moved to another facility with PHS medical services.					
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."				Medical records are placed in a sealed envelope with the detainee's name and A-number, as well as having "Medical Confidential," stamped on the outside.					

This Detention Standard ensures that detainees have prevention and health education, so that their health care	access	to a conti	nuum a time	of health care services, including
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
23. Medical screening includes a Tuberculosis (TB) test.				As a part of the intake process, all detainees receive a chest x-ray that is read by clinicians at the University of Maryland within four hours of completion. Detainees are not cleared for placement in general population until the testing is complete. A review of 75 medical records indicated all of the detainees had been cleared of TB prior to being placed in general population.
 24. All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			Medical staff completes a mental health screening as a part of the intake process. Detainees are not placed in general population until the screening is completed.
25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				Detainees identified as needing medical intervention are immediately referred for evaluation and treatment. The files of detainees who have not been identified as needing immediate medical services are reviewed by the Clinical Director the following day.
26. (MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.				The detainees are normally scheduled for a physical within 12 days of their arrival at this facility. A review of 75 medical records indicated all of the detainees had their physicals completed in less than 14 days. A physical exam was observed that utilized the Interpretalk phone system. The exam was thorough and professionally performed.
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Detainees in SMU, have the same access to medical services as the general population detainees. Request for Medical Care forms are available and staff referrals can also be utilized. Mid-level medical staff makes daily rounds in SMU and other staff is there when distributing medications.

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This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the 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. 				Request for Medical Care forms written in English and Spanish are available in all housing units. Completed forms are collected in secure boxes located in the dining hall, the infirmary, and SMU. The requests are collected and triaged daily by the medical staff. Those with routine medical needs are seen within 24 to 48 hours, depending on the need.
29.	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.				The Medical Emergencies policy and Urgent/Acute Care policy details staff response in the event of a medical emergency. Staff is available 24 hours per day. Services that are not available onsite are provided at a local hospital.
	The plan includes an on-call provider.	\boxtimes			Medical staff, including a physician and psychiatrist is available by phone when they are not at the facility. The HSA is available 24 hours a day.
	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			Emergency service numbers are available in the Health Care Unit and by utilizing the 911 system.
	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Per the Medical Emergency policy, all emergency services provided will be consistent with the security and safety of the facility.
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.				All staff is trained in First Aid, Cardiopulmonary Resuscitation (CPR), and in the use of the Automated External Defibrillator (AED). The training is provided during orientation and is maintained through annual in-service training. Man-down drills are conducted quarterly. A review of the drills indicated the response times were less than four minutes. A medical emergency occurred during the audit and response times were met within required timeframe.
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Only medical staff distributes medications.

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This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				Medications are stored in a secure pharmacy and are inventoried and distributed in accordance with sound practices. Medication distribution is conducted under the supervision of a security officer.
36.	 (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				Written facility operating procedures provide written direction for management of pharmaceuticals meeting the components of this standard. It is noted an IHSC formulary is utilized, with a Nonformulary Request completed to secure non-formulary medications. Perpetual inventories are maintained and verified by counts on each shift. Controlled substances are double-locked within the pharmacy and inventoried on a regular basis. Medications are only administered when ordered by the appropriate medical authority.
37.	 All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				A locked pharmacy is located within the secure perimeter of the facility. Solid walls along with a solid ceiling mark the perimeter of the pharmacy. A solid core entrance door is entered after an b)(7) (b)(7)e (b)(7)e Access is limited to the pharmacist, the pharmacy technician and the HSA. Controlled medications are double-locked within the pharmacy.

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tha	at detainees	have access to	a continuum of hea	th care s	ervices	including

This Detention Standard ensures prevention and health education, so that their health care needs are met in a timely and efficient manner.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
38.	 Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				The pass-through window in the pharmacy is not used to administer medications. Medications are administered using secure medication carts placed in the nurses' station or taken to dietary for administration during breakfast. Lockalert Carts are utilized to distribute medications. Those carts are self-locking if the medical staff has not opened a drawer in the last five minutes or if they step away from the cart. The pharmacy maintains a site license and is supervised by a licensed pharmacist. Medications are distributed by licensed medical staff under the supervision of the HSA. All medications are administered in a timely manner and according to the orders of an appropriately licensed medical clinician.
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	\boxtimes			Medication distribution is recorded on Medication Administration Records (MAR) pursuant to the orders of an appropriate medical clinician.
	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 				This facility is staffed 24 hours per day by medical staff. All medications are dispensed by licensed medical professionals.
	given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.				Security officers do not administer medications at this facility.
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			Medical/Psychiatric Alert notices are utilized to notify the facility of any special medical needs.

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Componen		Meets Standard	Does Not Meet Standard	N/A	Remarks	
Procedures are in place, constandard, for examinations to service providers and expert	by independent medical				The Medical Care policy establishes the procedures for examinations by independent medical examiners.	
 44. (MANDATORY) Each facility plans) that address the material and communicable diseases education, identification, sur (when applicable), treatmeth (when indicated), and report federal agencies. Plans inclusive Coordination with public his Control, treatment, and produced in the Protection of individual control individual co	nagement of infectious s, including prevention, veillance, immunization nt, follow-up, isolation ting to local, state, and ide: nealth authorities; aff and detainees; revention strategies; onfidentiality; osis, hepatitis A, B, and diseases to local and/or				The facility uses written procedures provided by IHSC. These procedures address all requirements of this component.	
45. Detainees diagnosed with a are isolated according to le procedures.		\boxtimes			Detainees with possible communicable diseases are placed in one of four rooms designated in the SSU and in accordance with the facility's infection control plan. Those rooms are all negative flow and may be utilized for those detainees identified as having airborne infections.	
46. All new arrivals receive TB s with guidelines of the Cente (CDC). Unless a chest x-ray method, the PPD (mantoux screening method. (For a PPD is contraindicated; a che Detainees not screened are the general population.	ers for Disease Control is the primary screening method) is the primary detainee on whom the est x-ray will be needed.				All detainees arriving at this facility receive a chest x-ray which is reviewed by clinicians at the University of Maryland within four hours of being taken. Detainees who refuse an x-ray or who have inconclusive results are placed in the SSU until TB is ruled out.	
47. Detainees with symptoms placed in a negative pressi promptly evaluated for TB facilities with no negative preserted to an appropriate of	ure isolation room and disease. Detainees at ssure isolation room are	\boxtimes			The SSU is utilized for all detainees who may have TB. The rooms in the SSU are negative flow. According to the facility, seven detainees diagnosed with active TB were housed at the facility.	

PART 4 - 22. MEDICAL CARE

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.				Transportation for non-emergency services is provided by Asset Protection Security Services (APSS). Emergency transfers are performed by ambulance through the 911 system. Medical staff provides notification of scheduled outside medical appointments. Medical information for these appointments is contained in a sealed envelope and transported with the detainee.
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	\boxtimes			Treatment plans are developed by an appropriately licensed treatment provider.
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.			×	This facility does not house female detainees.
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority				Chronic care patients are tracked by a computerized system that ensures detainees are regularly scheduled for medication evaluations, laboratory testing, and chronic care clinics. Chronic care detainees are scheduled to see one of three midlevel providers with their assignment to that provider occurring on a random basis.
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.				The Medical/Psychiatric Alert is utilized by this facility to provide notification of special medical or mental health needs.
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			The facility has a full-time dentist to meet the needs of the detainees. Should emergency services be required, the detainee will be taken to a local hospital.

PART 4 ~ 22. MEDICAL CARE							
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.				Mental health services are provided two days a week by a psychologist. Psychiatric services are available on-site one day a week and by phone seven days a week. The facility is attempting to hire a full-time Licensed Clinical Social Worker.		
	Crisis intervention services are available for detainees who experience acute mental health episodes.				Medical staff is available 24 hours per day to provide crisis intervention. The psychiatrist is on call for consultation. If need be, the detainee is transferred to a local hospital for evaluation and treatment.		
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.				The interview rooms in the Health Care Unit allow for privacy during interviews, examinations, and procedures. No females are housed at this facility.		
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.				All detainees referred for mental health services are seen by a licensed psychologist or psychiatrist within 14 days of the referral.		
58.	 (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				Facility policy "Medical Restraints, Therapeutic Seclusion and Forced Psychotropic Medications" provide detailed direction addressing all aspects of this component. According to the HAS, medical restraints have not been utilized in the past year.		

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
p	MANDATORY) Involuntary administration of sychotropic medications to detainees complies with applicable laws and regulations and the authorizing hysician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible.				Facility policy provides specific guidelines consistent with this standard should the facility need to enforce involuntary medication. According to the HSA, the involuntary administration of psychotropic medications has not occurred in the last year.	
w d p	in initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site entist is available, the initial dental screening may be erformed by a physician, physician's assistant, urse practitioner or trained RN.	\boxtimes			Initial dental screening is performed by nursing staff at intake. Mid-level providers provide a more thorough exam during the 14-day physical. If dental services are needed, a referral to dental staff occurs.	
a c p	n each detention facility, the designated health uthority and Facility Administrator determines the ontents, number, location(s), use protocols, and rocedures for monthly inspections of first aid kits.				Facility policy "First Aid Kits" establishes procedures for placement and inspection of first aid kits in the facility. The HSA consults with the AFOD to determine the appropriate contents and placement of the first aid kits. Twenty kits are distributed throughout this facility.	
fc	n automatic external defibrillator should be available or use at the facility.	\boxtimes			Five AEDs are available throughout the facility, including in the medical unit, near the housing units, in the training area, and at the front area.	
ci n	a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment ill be administered, except in emergency rcumstances, in which case, ICE/DRO will be offied as soon as possible.				ICE/DRO is consulted when a detainee reuses treatment.	
h: q:	SPCs and CDFs, the Facility Administrator and ealth services administrator will meet at least uarterly and include other facility and medical staffs appropriate.				The HSA hosts quarterly meetings satisfying this component.	

PART 4 – 22.	5 (4) (4) (4)	and the second					
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.				Thermo Combination Innovators dispose of biohazardous waste. Non-disposable dental equipment is autoclaved, with regular testing confirming sterilization.			
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			The facility participates in the IHSC Performance Improvement Program, which provides a system of internal review and quality assurance.			
PART 4 – 22. MEDICAL CARE							
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding							

The facility employs a full complement of medical, dental, and mental health staff. The Health Care Unit has sufficient space to allow for the evaluation and treatment of the detainees. RNs perform all initial screenings and immediately refer any detainee who has medical needs for treatment. Mid-level providers perform the 14-day physicals, usually within 12 days of arrival. Mid-level providers also conduct all of the Chronic Care Clinics and perform daily rounds in SMU.

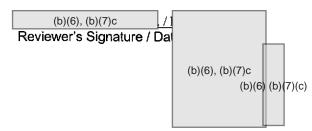
The facility has a full-time dentist, a part-time psychiatrist, and a part-time psychologist. Detainees needing optometric services are taken to the local community for that service.

A review of 75 medical records indicated all intake evaluations, TB screenings, and 14-day physicals were completed in the appropriate timeframe. Additionally, it was noted sick call was completed within two days of when the request originated. Additional services noted included: sick call responses, chronic care clinics, laboratory work, treatment for minor medical conditions, and referrals to outside sources for more involved medical procedures. Several of the records also reflected treatment by the dentist, mental health professionals, and referral for orthopedic and optometric services.

According to the HSA, in the last month, 75 detainees were sent to outside sources for medical treatment that could not be offered in the facility.

The facility averages two to five medical grievances per quarter.

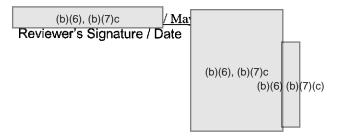
After reviewing the policies and the services provided, it is apparent the medical unit provides appropriate care for the detainees housed at this facility.



	PART 4 – 23. PERSONAL HYGIENE						
the	This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.						
	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.				Facility policy "Personal Hygiene" addresses the requirements of this component.		
2.	 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 				The facility issues the detainee: two uniform shirts, two pairs of uniform pants, two pairs of socks, two pairs of underwear, and one pair of footwear.		
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			If the weather is cool, the detainee is issued a sweatshirt and a beanie.		
4.	New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions.				The detainees are issued all of the bed items required by this component. Additional blankets are available if ordered by the medical staff.		
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			The facility provides personal hygiene items to include: soap, comb, toothbrush, toothpaste, shampoo, and lotion to the detainee at no cost. Detainees are able to replace those items weekly on a one-for-one basis. Razors are issued daily. The facility does not house female detainees.		

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This Detention Standard ensures that each detainee is able the provision of adequate bathing facilities and the issuant and personal hygiene items.	e to ma ce and	intain acce exchange	ptable of clea	personal hygiene practices through an clothing, bedding, linens, towels,
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
6. Toilet facilities are:				
 Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 				At the time of inspection, the toilets were clean and well maintained. The facility has one toilet for every 8 detainees, with all cells in SMU having a toilet. Toilets and sinks are available 24 hours per day.
7. Bathing facilities are:				At the time of inspection, bathing
 Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. 				facilities were clean and well maintained. The facility has one shower for every 8 detainees. Temperatures are monitored monthly and the results are recorded. The temperature of a shower checked was in compliance.
 Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene. 				Facility policy provides direction for providing for needs of the disabled. Detainees needing assistance with daily living activities are housed in the SSU until transferred to a more appropriate facility.
 9. Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 	\boxtimes			Detainees are able to exchange their clothing consistent with the requirements of this component. Clean items are issued for every item turned in.
 Food service detainee volunteer workers are permitted to exchange outer garments daily. 				The Personal Hygiene policy requires detainees working in food services to exchange their clothing daily.
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.				At this facility, volunteer workers are allowed to exchange their clothing daily.
PART 4 – 23. PER	SONAI	HYGIEN	E	
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding

Detainees are issued appropriate clothing, personal hygiene items, and bedding. Soiled items or used hygiene items can be exchanged within the time constraints required by this standard. The bathrooms, sinks, and showers are clean with a sufficient number of each to accommodate the population of this facility.



PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION							
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize							
potential signs and situations of risk and to intervene with treatment.	approp	riate sensi	tivity, s	supervision, referral, and			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually. 				Facility policy "Suicide Prevention and Intervention" is approved by the appropriate authorities.			
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				Facility policy covers all of the aspects of this component.			
 Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training. 	\boxtimes			All staff members receive the required suicide-prevention training during initial employee orientation and annual in-service training.			
 4. Training prepares staff to: Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of 							
 suicidal behavior, Responding to suicidal and depressed detainees, Effective communication between correctional and health care personnel, Necessary referral procedures, Housing observation and suicide-watch level procedures, Follow-up monitoring of detainees who have already attempted suicide, and Reporting and written documentation procedures. 				The suicide intervention and prevention curriculum adequately covers all of the aspects of this component.			

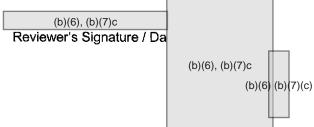
This Detection Standard and Additional Legisland But and Additional Legisl						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
 5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. Screening does not occur later than one working day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				All detainees receive a mental health screening performed by medical staff within 12 hours of arrival. This screening includes evaluation of suicide potential. A review of 75 medical files indicated all detainees received a suicide screening.		
Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.				Facility policy provides specific steps for referring suicidal detainees to medical staff.		
 Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional. 	\boxtimes			Consistent with facility policy, only the Clinical Director or Mental Health staff may release a previously suicidal detainee to general population.		
The facility has a designated isolation room for evaluation and treatment.				The facility has a designated room in the SSU and a padded cell in SMU for housing a suicidal detainee.		
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				The designated room in the SSU has numerous items that may be utilized to assist in a suicide attempt. The padded room in the SMU is free from dangerous structures.		
10. Medical staff have approved the room for this purpose.	\boxtimes			Medical staff has approved the designated rooms for placement of suicidal detainees.		
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	\boxtimes			Detainees that are placed on suicide watch at this facility are under constant observation. The detainee's status is documented every 15 minutes.		
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	\boxtimes			It is the policy of this facility to have suicidal detainees under constant observation, with their status documented every 15 minutes. Medical staff also documents their observations every two hours.		

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance			×	Medical staff is available at this facility 24 hours a day, seven days a week.		
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	\boxtimes			Facility policy requires a mortality review and critical incident review for every suicide and serious suicide attempt.		
PART 4 – 24. SUICIDE PREVI	ENTION	AND INT	ERVE	NTION		
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

During the last year, three detainees have been placed on suicide watch at this facility. After reviewing the medical records, it was apparent the detainees were placed on watch after expressing suicidal intent, but they did not commit a suicidal gesture. Two were placed in the padded room in SMU and one was housed in the designated room in the SSU. The detainees were under constant observation with a 15-minute record of their behavior charted. All were discharged after evaluation by the Clinical Director or the Psychiatrist who determined they were no longer a threat to themselves.

The designated room (#5) in the SSU is not suitable for housing suicidal detainees as it contains numerous structures that could be utilized to assist in a suicide attempt. The danger to the detainees is mitigated somewhat by the constant observation.

By the end of the audit, the facility changed their policy and procedure indicating only the padded room in the SMU would be utilized to house a suicidal detainee. The amended policy was approved by the facility's administrator.



	PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH
fa N	nis Detention Standard ensures that each facility's continual injury, and advance directives and provides specific of Check this box if the facility does not accept ICE of the appropriate box for this portion of the works eath and related notifications.	guidano letaine	e in the ever	ent of e sev	a detainee's death. erely or terminally ill. Indicate
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.				It is the policy of this facility to transfer chronically or terminally ill detainees to an appropriate off-site medical facility.
2.	 The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. 	×			Medical staff notifies ICE of any seriously ill detainee requiring admission to an outside facility. ICE notifies family members and provides the information required by this component.
3.	 There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 				Facility policy "Terminal Illness, Advanced Directives, and Death" addresses the use of Advanced Directives and Living Wills. The California Advance Directive would be utilized and detainees are given the option of having a private attorney prepare the required documents.
4.	There is a policy addressing "Do Not Resuscitate Orders"				Facility policy addresses Do Not Resuscitate (DNR) Orders.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			Facility policy indicates detainees with a DNR would receive maximal therapeutic efforts short of resuscitation
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				The facility notifies ICE of the basic information of any detainee with a DNR. Headquarters would be notified by a Significant Event Notification (SEN) report.
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Facility policy addresses organ donation by detainees.
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	\boxtimes			Facility policy provides written procedures to follow, consistent with this component, should a detainee die while in custody.
9.	The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			Facility policy includes information on handling the death of a detained during transport.

This Detention Standard ensures that each facility's continfatal injury, and advance directives and provides specific g Check this box if the facility does not accept ICE d NA in the appropriate box for this portion of the works death and related notifications.	uidanc I etaine	e in the ev es who a r	ent of e seve	a detainee's death. erely or terminally ill. Indicate
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 				Facility policies provide specific direction for the disposal of a detainee's remains.
 11. 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 is a U.S. military veteran, the Department of Veterans Affairs notified. 				Facility policies provide specific procedures for the burial of an indigent detainee's unclaimed remains and meet the requirements of this component.
 An original or certified copy of a detainee's death certificate is placed in the subject's A-File. 	\boxtimes			Policy directs a death certificate be placed in the detainee's A-File.
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 				The facility has policies in place addressing all aspects of this component.
 ICE staff follow established procedures to properly close the case of a deceased detainee. 	\boxtimes			Written policy establishes procedures to close out a deceased detainee's case.
PART 4 – 25. TERMINAL ILLNESS, A				AND DEATH ☐Repeat Finding

There have been no detainee deaths in the last year to assess the facility's response to a detainee death. The policies in place appear to be sufficient to ensure a correct response.



Performance-Based National Detention Standards

Section V ACTIVITIES

- 26 Correspondence and Other Mail
- 27 Escorted Trips for Non-Medical Emergencies
- 28 Marriage Requests
- 29 Recreation
- 30 Religious Practices
- 31 Telephone Access
- 32 Visitation
- 33 Voluntary Work Program

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL							
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.							
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks		
 The facility has written policy concerning correspondence and of for correspondence and other mail housing or common area or provide via a detainee handbook. 	her mail. The rules are posted in each				The facility has written policy in place for correspondence and other mail. The facility rules for correspondence and other mail are provided to detainees via the issued handbook and postings within living units.		
The facility provides key inform Spanish, and other languages spol number of detainees.		\boxtimes			Postings and the handbook are in English and Spanish.		
 Incoming mail is distributed to de hours or 1 business day after inspected. 		\boxtimes					
 Outgoing mail is delivered to the poone business day of its entering system (excluding weekends and l 	the internal mail nolidays).	\boxtimes					
Staff maintain a logbook-recordi priority, priority overnight, and cert to the facility for a detainee.	ng acceptance of filed mail delivered	\boxtimes			The facility logbook was inspected and found to meet the requirements of this component.		
 Staff do not open and inspect correspondence and other mail (in and publications) without the detail documented and authorized in write Administrator or equivalent for reasons. 	ncluding packages nee present unless iting by the Facility	\boxtimes			All incoming mail is opened in the presence of the detainee.		
Staff do not read incoming general without the Facility Administrator's		\boxtimes					
 Staff do not inspect incoming Speci for physical contraband or to verify of enclosures without the detainee 	the "special" status	\boxtimes			By policy and practice, all special correspondence is inspected for contraband in the detainee's presence.		
 Staff are prohibited from reading o and outgoing Special Correspondetainee present. 	dence without the	\boxtimes					
10. Staff are only authorized to correspondence or other mail wit present when there is reason to bel present a threat to the facility's operation, endanger the recipient might facilitate criminal activity.	hout the detainee ieve the item might secure or orderly	\boxtimes					
 Correspondence to a politician of processed as Special Corresponde or copied. 		\boxtimes					

	PARI 5 - 26	. CURRESP	JNDENCE	AND OTHER	MAIL		
				<u></u>	·	<u> </u>	
rd ·	ensures that deta	inees will be	able to cor	respond with	their families.	the commi	unity, lega

This Detention Standar representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility. Meets Standard Does Not Meet Standard ۷Ž Components Remarks 12. The official authorizing the rejection of incoming mail The facility provides a rejection sends written notice to the sender and the addressee. letter to the sender, including \boxtimes instructions on how to process facility mail correctly. The detainee is also notified. 13. The official authorizing censorship or rejection of \Box outgoing mail provides the detainee with signed written \boxtimes П notice. 14. Staff maintain a written record of every item removed Facility staff maintains a contraband from detainee mail. log on the computer system for \boxtimes П every item removed from a detainee's mail. 15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. \times П Records are accurate and up to date. 16. The procedure for safeguarding cash removed from a Mail is opened in the presence of detainee protects the detainee from loss of funds and the detainee and funds received are theft. The amount of cash credited to detainee immediately documented and accounts is accurate. Discrepancies are documented detainees sign the documentation. and investigated. Standard procedure includes issuing Detainees are allowed to maintain a receipt to the detainee. \$40 in cash on their person. When the amount exceeds \$40 the amount \boxtimes is logged in the detainee's presence, the detainee is escorted to the Kiosk system and allowed to place the money on the system. A receipt is issued to the detainee and discrepancies would be investigated. 17. Original identity documents (for example, passports. and birth certificates) are immediately removed and X П forwarded to ICE staff for placement in the A-files. 18. Staff provide the detainee a copy of his or her identity XП П document(s) upon request. 19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on X П "Contraband". 20. Every indigent detainee has the opportunity to mail, at All mail leaves the facility at no government expense: At least five pieces of special charge to detainees, regardless of correspondence per week; Three one ounce letters \boxtimes financial status. No restrictions are per week: Packages deemed necessary by ICE. placed on the amount of mail a detainee may send.

	PART 5	- 26. CORRESPON	IDENC	E AND OT	HER I	WAIL
						heir families, the community, legal and orderly operation of the facility.
	Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
	mailing all Speci	ainees to purchase al Correspondence eral correspondence				All outgoing detainee mail is sent at the facility's expense, and no restrictions are placed on the amount of mail a detainee may send.
22. The facility prov pencils at no cos			\boxtimes			Housing units inspected had adequate supplies of writing paper, envelopes and pencils. These items are provided at no cost to all detainees.
23. SMU detainees privileges as gen		e correspondence	\boxtimes			
24. Detainees have a	access to outside	publications.				Detainees may receive outside publications with prior approval from the AFOD. A log is maintained and documents requests and approvals.
	PART 5	- 26. CORRESPON	IDENC	E AND OT	HER	MAIL
⊠ Meets	Standard	Does Not Meet St	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sources used, etc.) The facility maintains a dedicated staff person and location for mail processing. Detainees must be present when mail is opened and inspected for contraband. Detainees observe funds received, acknowledge the amount and sign a receipt prior to receiving funds.						
•	band.					
•	band. received, acknow	ledge the amount and s				•
Detainees observe funds	band. received, acknow is processed accor	ledge the amount and s	sign a re	ceipt prior	to recei	ving funds.
Detainees observe funds Special correspondence	band. received, acknow is processed accor as all outgoing ma	ledge the amount and s ding to the standard. il, with no limitations,	ign a re	ceipt prior	o recei	ving funds.
Detainees observe funds Special correspondence No stamps are provided	band. received, acknow is processed accor as all outgoing ma	ledge the amount and s ding to the standard. il, with no limitations,	ign a re	ceipt prior	o recei	ving funds.

	PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDIC/	VL EM	ERGENCIES			
de	This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.							
	Standard NA: Check this box if all ICE Non-Medical ald Office or Sub-Office in control of the detainee ca		ency Esc	orted [*]	Trips are handled only by the ICE			
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral • Deathbed				The FOD reviews and makes the final decision on all non-medical escorted trip requests.			
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).	\boxtimes			The facility policy mirrors the standard in its definition of "immediate family member".			
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	\boxtimes			ICE is on sight at this SPC. All requests for these escorted trips are immediately directed to ICE staff.			
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.				The detainee's Detention Officer (DO) reviews the requests, past history and makes a recommendation to the AFOD/FOD.			
5.	Detainees who require overnight housing are placed in approved IGSA facilities.	\boxtimes			If overnight accommodations are required, only an approved IGSA facility will be used.			
	Each escort detail includes at least b)(7)eofficers.	\boxtimes						
7.	The detainee remains under constant, direct visual supervision of escorting staff.	\boxtimes						
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	×			Staff is instructed to make these notifications to their supervisors within one hour.			
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.							
10	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	\boxtimes						

This Detention Standard permits detainees to maintain tie	es with t	bair familia	San San San I	
to attend their funerals.	inity to v	isit criticall	es and y ill mo	the community by providing embers of the immediate family or
☐ Standard NA: Check this box if all ICE Non-Medica Field Office or Sub-Office in control of the detainee c	i Emerg ase.	ency Esc	orted	Trips are handled only by the ICE
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Escort officers ensure that detainees:			· · ·	
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 				
 Do not violate federal, state, or local laws. 		ļ		
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 				Each of the bulleted items is addressed in the facility policy on non-medical escorted trips for detainees.
 Do not arrange to visit family or friends unless approved before the trip. 				
 Make no unauthorized phone calls. 				
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 				
 The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc. 				
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
14. The Field Office Director is the approving official for all non-medical escorted trips.				The FOD may delegate trip reviews to the AFOD but the FOD makes the final approval.
15. Facility procedures comply with the following ICE Standards:				
 Transportation (Land Transportation 	\boxtimes			
 Restraints applied strictly in accordance with the Use of Force Standard. 				
PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDIC	AL EM	ERGENCIES
⊠ Meets Standard ☐ Does Not Meet S	tandard	□ N/A		☐Repeat Finding

such requests have been made in the past and facility policy is followed.

The facility has written policy addressing requests for non-medical emergency escorted trips meeting requirements of the standard.

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PART 5 – 28. MARRIAGE REQUESTS							
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.							
Components	Meets	Does Not Meet Standard	ΝΆ	Remarks			
The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.				Detainees submit a marriage request to the facility SIEA. The request is then submitted to the AFOD for approval.			
 The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented. 							
 It is standard practice to require a written request for permission to marry. 				Written policy requires detainees to submit a written request.			
 The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent. 				A review of three approved marriage requests was conducted, and all requests contained documentation from the intended spouse confirming marital intent.			
The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.							
When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes			Procedures for appealing marriage disapprovals are contained in the detainee handbook.			
 The Facility Administrator provides the detainee with a place and time to make wedding arrangements. 				Marriages are conducted in the facility visiting room.			
The detainee handbook explains the marriage request process.							
 In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry. 				All marriages are approved by the AFOD.			
PART 5 – 28. MAR	RIAGE	REQUES	ΓS				
☑ Meets Standard Does Not Meet Standard N/A □Repeat Finding							

The facility has an ICE agent who is responsible for maintaining files and submitting detainee marriage requests to the AFOD.

A review of the electronic file indicated from June 1, 2010 until May 1, 2011 there were 17 marriages conducted at this facility.

The facility utilizes the visiting room for services and will allow up to five visitors to attend.



	PART 5 - 29. RECREATION								
Th wit	This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.								
\boxtimes	☑ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1.	The Facility provides:				The facility provides both indoor				
	An indoor recreation program.	\boxtimes			and outdoor recreation areas used				
	An outdoor recreation program.				daily by detainees.				
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			The recreation department is staffed by b)(7) CE agent and (b)(7) contract staff employed by Asset/Ahtna. All are recreation specialists.				
3.	Regular maintenance keeps recreational facilities and equipment in good condition.		: 🗆		Maintenance of equipment and recreation facilities is performed by the maintenance department.				
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			Detainees are used for cleaning purposes only and supervised by recreation staff.				
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes							
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			Dayrooms in all housing units have televisions and board games.				
7.	Outside activities are restricted to limited-contact sports.	\boxtimes							
8.	Each detainee has the opportunity to participate in daily recreation.	X			All detainees are allowed two hours of recreation daily.				
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			Outside recreation is available to detainees daily.				
10.	Staff check all items for damage and condition when equipment is returned.	\boxtimes							
11.	Staff conduct searches of recreation areas before and after use.	\boxtimes			Recreation areas are searched by ICE and staff employed by the security contractor before and after use.				
	Recreation areas are under constant staff supervision.	\boxtimes			The recreation department has (b)(7)e staff assigned to supervise recreational activities.				
	Supervising staff are equipped with radios.	\boxtimes							
	The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			Detainees housed in the SMU are allowed two hours of outside recreation daily, seven days a week.				
15.	Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes							

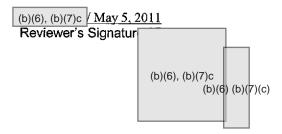
PART 5 - 29. RECREATION							
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities,							
within the constraints of safety, security, and good order. If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".							
NA II Outdoor recreation is officied check this box. Items 19-27 should then be marked "N/A".							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
Special programs or religious activities are available to detainees.				Softball, soccer, ping pong and basketball tournaments are held several times a year. Religious activities are available to detainees.			
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				Background investigations and a 40-hour orientation program must be completed before volunteers are allowed in the facility.			
Visitors, relatives or friends of detainees are not allowed to serve as volunteers.							
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	The facility has outdoor recreation.			
If yes, written procedures ensure timely review of all eligible detainees.			\boxtimes	The facility has outdoor recreation.			
 Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator. 			\boxtimes	The facility has outdoor recreation.			
 The Facility Administrator documents all detainee- transfer decisions, whether yes or no. 				The facility has outdoor recreation.			
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes	The facility has outdoor recreation.			
 Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer. 			\boxtimes	The facility has outdoor recreation.			
 If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. 			\boxtimes	The facility has outdoor recreation.			
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.				The facility has outdoor recreation.			
 The detainee's legal representative is notified of the detainee's/Facility Administrator's decision. 			\boxtimes	The facility has outdoor recreation.			
PART 5 - 29.	RECRE	ATION					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding							

Remarks: (Reco	rd sianificant facts	observations of	other sour	ces used, «	etc.)			
The facility has a		(b)(7)e		contract sta	aff responsible	for the reci	reation prog	ram.
					•		1 0	
The facility has a participation.	very large outside re	creation area whe	re softball,	soccer and	other activiti	es are condu	icted with la	ırge detainee
There is an inside	recreation area with	television, ping p	ong and bo	oard games.	Movies are	shown throu	ghout the w	eek.
All detainees are a	llowed two hours of	recreation a day.	Both outs	ide and ind	oor recreation	ı is available	during that	time frame.
(b)(6), (b)(7)c May								
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	(b)(6), (b)(7)c							

	PART 5 - 30. RELIGIOUS PRACTICES																						
opp	This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.																						
	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks																		
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.				Detainees are allowed, with no restrictions, to engage in religious services of their choosing. Services are provided in languages understood by the majority of detainees.																		
2.	Space is available for detainees to participate in religious services.				The facility dining room is utilized for religious services.																		
3.	The facility allows detainees to observe the major "holy days" of their religious faith.	\boxtimes																					
•	List any exceptions.																						
4.	The facility accommodates recognized holy-day observances by:				As interest of the Park																		
	 Providing special meals, consistent with dietary restrictions. 	\boxtimes			An interview with the Religious Services Coordinator indicated all holy-day observances are																		
	Honoring fasting requirements.																						recognized.
	Facilitating religious services.				Ç																		
	Allowing activity restrictions.																						
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes			Detainees are allowed bibles, Koran, beads and prayer rugs.																		
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			A background check is performed on all volunteers prior to participation in programs.																		
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.				The facility currently has Muslims, Hindu and Sikh faith members that are allowed to present their own services.																		
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes																					
: '	RELIGIOUS	PRACT	ICES																				
	Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding																						

Jesuit Refugee Services has the facility contract for religious services. The contractor provides a Religious Services Coordinator responsible for scheduling and providing services for all faith groups represented in the facility. Services are provided by volunteers throughout the week.

Detainees are authorized to retain personal religious items within security allowances. The facility accommodates religious dietary and holy day observances.



PART 5 – 31. TELEPHONE ACCESS							
	s Detention Standard ensures that detainees may main riding them reasonable and equitable access to teleph			famil	ies and others in the community by		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Phones remain on and available to detainees 24 hours daily, except during population counts.		
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			Detainees are notified of the facility telephone policy via the orientation video, facility handbook, and by postings within the housing units.		
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes					
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes					
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			Postings and the facility handbook are in English and Spanish.		
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes			Telephones were available at the rate of 4 per 62 detainees.		
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes					
8.	Telephones are located a reasonable distance from televisions.	\boxtimes			The housing units have a telephone room physically separated from the television viewing area.		
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes					
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes					
	Detainees are afforded a reasonable degree of privacy for legal phone calls.				The telephone room is physically separate from the living unit and television viewing area. Reasonable privacy is provided.		
	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes					
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes					
14.	Special Access calls are at no charge to the detainees.	\boxtimes					
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.				The facility is able to provide this service.		

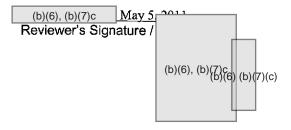
PART 5 – 31. TELEPHONE ACCESS							
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.							
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
CC	o restrictions are placed on detainees attempting to ontact attorneys and legal service providers who are in the approved "Free Legal Services List".				1 1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
sp	pecial arrangements are made to allow detainees to beak by telephone with an immediate family ember detained in another Facility.	\boxtimes			The detainee submits a request form to the AFOD for review and final decision.		
18. Al	telephone restrictions are documented.	\boxtimes			Telephone restriction would be as a result of a disciplinary infraction and would be documented.		
	ne facility has a system for taking and delivering mergency detainee telephone messages.				Emergency message are verified by the facility and the detainee is notified and allowed a return call.		
	none call messages are given to detainees as soon spossible.	\boxtimes					
	etainees are allowed to return emergency phone alls as soon as possible.						
ph ca	etainees in disciplinary segregation are allowed none calls relating to the detainee's immigration ase or other legal matters, including consultation alls.				The facility places no restrictions on detainees in this status.		
	etainees in disciplinary segregation are allowed none calls to consular/embassy officials.						
	etainees in disciplinary segregation are allowed none calls for family emergencies.	\boxtimes					
pre	etainees in administrative segregation and otective custody are afforded the same telephone ivileges as those in general population.	\boxtimes			Detainees in this status retain the same telephone privileges as those in general population.		
no ind tha	then detainee phone calls are monitored, offication is posted by detainee telephones, cluding a recorded message on the phone system, at phone calls made by the detainees may be onitored. Special Access calls are not monitored.	\boxtimes			Special access calls are not monitored. Postings, notifications and recorded messages are provided to the detainee that the call may be monitored.		
pre	ne OIG phone number for reporting abuse is ogrammed into the detainee phone system. The viewer must verify that the number is operable.				The OIG phone number is programmed into the facility telephone system. The number was checked on May 3, 2011 and resulted in contact with OIG staff.		
ch	ne Field Office Director has assigned ICE staff to seck and report on the serviceability of facility sones. This is documented on a weekly basis	\boxtimes			Telephone serviceability forms are completed twice per shift and reviewed by supervisory staff.		
	PART 5 – 31. TELI	EPHON	E ACCES	S			

The facility provides telephones at a ratio of four telephones per 62 detainees. Housing units contain a private room where the telephones are located allowing a degree of privacy/confidentiality.

Notifications of monitoring are posted and programmed into the telephone system. Special access calls are not monitored.

SMU detainees have no telephone restrictions unless specific to the disciplinary process and documented. Special access calls would be allowed.

The OIG hotline number was tested and found to be programmed and operational.

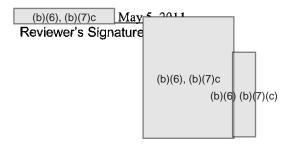


PART 5 – 32. VISITATION								
Th	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	There is a written visitation procedure, schedule, and hours for general visitation.				The facility has a clearly written visitation policy described in the detainee handbook and posted in housing units.			
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				Non-contact visits are allowed 6:00 PM to 9:00 PM. Monday-Friday, 9:00 AM to 11:00 AM, 1:00 PM to 3:00 PM and 6:00 PM to 9:00 PM weekends and holidays. Each visit is allowed a minimum of			
					30 minutes and if no demand for visits is present the time may be extended.			
					Visitors may return on weekends for each visiting block and be allowed additional 30 minute visits.			
3.	The visitation schedule and rules are available to the public.	\boxtimes						
4.	The hours for all categories of visitation are posted in the visitation waiting area.				Visiting hours for all types of visits are posted in the visiting waiting area.			
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.							
6.	A general visitation log is maintained.				The facility maintains a computer system containing the visitation log.			
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes						
8.	A visitor dress code is available to the public.	\boxtimes						
9.	Visitors are searched and identified according to standard requirements.				Visitors must pass through a metal detector prior to a non-contact visit. Personal items must be secured in a provided locker prior to the visit.			
10.	The requirement on visitation by minors is complied with.	\boxtimes						
	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minor visits are allowed.			
	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	Minor visits are allowed.			
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes						

Thi	PART 5 = 32. VISITATION This Detention Standard and the database will be added as the database will be added.							
cor	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.							
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
14.	Detainees in special housing are afforded visitation.							
	Legal visitation is available seven (7) days a week, including holidays.				Legal visits are allowed every day and may continue uninterrupted for as long as the Legal Representative requires.			
	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.							
	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.							
	Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				The Attorney and detainee meet at a designated window before and after the visit to exchange documents.			
	There are written procedures governing detainee searches.	\boxtimes						
	Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.		: .		All material carried into the facility is scanned and the person passes through a metal detector.			
	Per the Standard, prior to each visit, legal service providers and assistants are identified.							
	The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.							
	SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.				Requests for tours are logged. The FOD makes the final decision regarding tour requests.			
	Provisions for NGO visitation as stated in the Detention Standards are complied with.	\boxtimes						
	Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	\boxtimes			Law enforcement visits are maintained on the computer system, have occurred and require AFOD review.			
1	Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	\boxtimes						
	PART 5 – 32.	VISITA	ATION					
	☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

The facility allows all detainees non-contact visits. The visiting area is clean and all documentation is properly posted. The time and length of visits are consistent with the expectations of the standard.

Prior to the visit all visitors are appropriately identified, searched and provided written instructions of schedules, dress codes and expectations in English and Spanish.



PART 5 – 33. VOLUNTARY WORK PROGRAM							
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.							
Check here if ICE detainees are not3 and move to next section.	authorized to w	ork at t	he IGSA f	acility	. Mark NA on Form G-324A, page		
Components		Meets Standard	Does Not Meet Standard	A/N	Remarks		
The facility has a voluntary work progr					Detainees work in food service as cleaners and within the housing units performing housekeeping duties.		
Detainee housekeeping meets acception neatness, cleanliness and sanitation s	tandards.	\boxtimes			All areas of the facility visited were well maintained and clean.		
At IGSAs detainees are never allowed the secure perimeter. SPCs and CDFs detainees classified the opportunity to participate in special the secure perimeter under direct supports.	as level 1 have details outside				The facility does not have a program allowing Level 1 detainees to participate in special work details outside the secure perimeter.		
 Written procedures govern selection of the Voluntary Work Program. The same procedures apply for workers as for "new" workers. Staff follow written procedures. 							
Where possible, physically and menta detainees participate in the program.		\boxtimes					
 6. The facility complies with work-hour redetainees, not exceeding: Eight hours a day. Forty hours a week. 	quirements for				Work hours do not exceed the eight hour day or 40 hour week.		
 Detainee volunteers ordinarily work a fixed schedule. 					Detainees participating in work programs work according to a fixed schedule prepared by the Voluntary Work Program Officer.		
 If a detainee is removed from a work de the written justification for the action in detention file. 	tail, staff place the detainee's	\boxtimes					
responsibilities as workers before the program.	erstand their				All work procedures and responsibilities are addressed on a voluntary work form agreement. Detainees are required to sign the form prior to assignment.		
 10. The voluntary work program meets: OSHA standards NFPA standards ACA standards 		\boxtimes					

PART 5 – 33. VOLUNT	ARY W	ORK PRO	GRAN			
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.						
Check here if ICE detainees are not authorized to w3 and move to next section.	ork at t	he IGSA fa	acility	Mark NA on Form G-324A, page		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 				All detainees are medically cleared prior to receiving a work assignment in food service.		
12. Detainees receive safety equipment/ training sufficient for the assignment				All training and safety equipment is provided by the food service department or the voluntary work program officer.		
 Proper procedure is followed when an ICE detainee is injured on the job. 	\boxtimes					
PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN			
	andard	I 🗌 N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sou The facility provides detainees an opportunity to work and earn n There are work assignments in food service, housing units and re-	noney th	rough the V		•		
Detainees are prohibited from handling hazardous materials and				• •		
Food service detainees are properly screened for medical condition department.						
Safety training sufficient for the job assigned is conducted. Work schedules are fixed and consist of no more than eight hour days, 40-hour work week,						
(b)(6), (b)(7)c May 5, 2						
Reviewer's Signature						

Performance-Based National Detention Standards

Section VI JUSTICE

- 34 Detainee Handbook
- 35 Grievance System
- 36 Law Libraries and Legal Material
- 37 Legal Rights Group Presentations

-	PART 6 - 34. DETAINEE HANDBOOK							
ma pro	This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			Each detainee is issued the facility handbook in addition to the ICE National Detainee Handbook.			
	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			The handbook is written in English and Spanish.			
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			The facility utilizes Interpretalk for detainees who cannot speak English or Spanish.			
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.				Orientation materials are read to detainees as necessary. Interpreter services are also utilized if needed. The facility provides a comprehensive orientation video in English and Spanish.			
5.	The handbook supplements the facility orientation video where one is provided.	\boxtimes						
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				When the handbook is revised, revisions are placed on the housing unit bulletin boards and information is communicated to staff during daily briefings.			
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			An annual review of the handbook is performed by ICE staff.			
	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 	\boxtimes						
9.	The detainee handbook states in clear language basic detainee responsibilities.							
	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.							
11.	The handbook states when a medical examination will be conducted.	\boxtimes						
	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.							

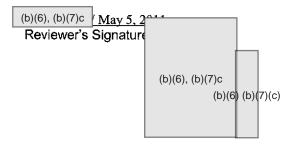
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.				
Components	Meets Standard	Does Not Meet Standard	Ϋ́Ν	Remarks
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.				
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.				
 The handbook describes barber hours and hair cutting restrictions. 	\boxtimes			
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			
17. The handbook addresses religious programming.				
 The handbook states times and procedures for commissary or vending machine usage. (where available) 				
The handbook describes the detainee voluntary work program.				
 The handbook describes the library location and hours of operation and law library procedures and schedules. 	\boxtimes			
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.				
 The handbook/supplement provides local ICE contact information. 				
23. The handbook describes the facility contraband policy.				
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.				Specific information regarding all classification of visits is included in the detainee handbook.
The handbook describes the correspondence policy and procedures.				
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 				The facility's disciplinary process addresses all issues identified in this component. Information regarding discipline is included in the detainee handbook.

This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
 27. 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 CDFs 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 facility's grievance system addresses all issues identified in this component. Information regarding the grievance system is available in the detainee handbook.
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			Procedures for detainees to access medical services are identified in the handbook.
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 				
 The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. 				
31. The handbook specifies the rights and responsibilities of all detainees.	\boxtimes			
 Detainees are required to sign for the handbook to ensure accountability. 	\boxtimes			
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes			The facility has a contract for interpreter services that can be used as necessary to satisfy this requirement.
PART 6 - 34. DETAINEE HANDBOOK				
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding				

Upon admission, every detainee receives a copy of the facility handbook and a copy of the ICE National Detainee Handbook. Both handbooks are available in English or Spanish.

The facility handbook is comprehensive in describing the facility's rules, programs, procedures and requirements for the detainees during their detention.

The handbook is supplemented by an orientation video in both English and Spanish.



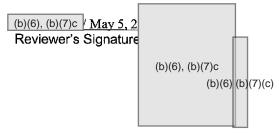
PART 6 – 35. GRIEVANCE SYSTEM				
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which				
they may file formal grievances and receive timely response	inses.	<u> </u>		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Detainees are informed about the facility's informal and formal grievance system.				Detainees are informed of the informal and formal grievance system during the admissions process, and through the detainee handbook and orientation video.
The admissions process includes providing each new arrival with a copy of the detainee handbook (o equivalent).	r 🛮 🖂			Detainees are issued a copy of the local handbook and the ICE National Detainee Handbook when processed into the facility
 3. The grievance section of the handbook explains a steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; 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 Justice. How to file an emergency grievance. 	o r t			The grievance section of the handbook clearly explains all the bulleted items.
Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	• 🖂			
 5. Detainees have access to the grievance committee (of equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees of facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary. 	r 🖂			
 Facility has written procedures for identifying and handling a time-sensitive emergency grievance. 				Written procedures regarding emergency grievances are addressed in the handbook and facility policy.
 Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them. 	r 🛭			Annual training for staff covers the identification of emergency grievances and the process for expediting them.
 Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint o grievance. 				

PART 6 – 35. GRIEVANCE SYSTEM				
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	\boxtimes			In addition to an electronic file of the grievance log, a hard copy file is maintained in the office of the grievance officer.
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.				
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				A grievance that alleges officer misconduct is forwarded to the AFOD.
12. Informal resolution of a written grievance is documented in the detainee's Detention File.				Copies of all informal resolutions are placed in the detainee's detention file.
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.				
14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook				
15. In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	\boxtimes			Detainees have five days after the incident or informal-grievance to file a formal grievance.
PART 6 – 35. GRIEVANCE SYSTEM				
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding				

Written facility policy addresses the requirements of this standard. Detainees are advised of the grievance process during admissions and the process is described in the detainee handbook. A review of records and an interview with the grievance officer of the facility indicated compliance with facility policy.

The grievance process offers detainees an opportunity to have their concerns reviewed and addressed. Grievances were processed, investigated and resolved within the required timeframe.

Inspection of the log and monthly reports did not identify any lodged complaints of staff misconduct requiring further investigation.



PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility provides a designated law library for detainee use.	\boxtimes			The facility maintains a dedicated law library for detainee use.
2.	The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.	\square			The law library contained all attachment A materials and the listing of same was posted in the law library. The facility also offers LexisNexis which was available and current.
3.	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both.			X	The LexisNexis CD-ROM is not used as an alternative for the publications required in Attachment A.
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	\boxtimes			The law library is well lit, containing sufficient searing, eight computers, two typewriters, a photocopier and supplies.
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.				
	Detainees are provided with the means to save legal work in a private electronic format for future use.				Detainees observed were provided a disc on which to save their legal work and retain for future use.
	The facility subscribes to updating services where applicable and legal materials requiring updates are current.				
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.				Outside persons/organizations are permitted to submit legal materials for inclusions in the legal library after approval of AFOD.
	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	\boxtimes			
10.	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes			

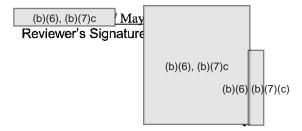
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL				
This Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	irts, counsel, and legal materials.
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	\boxtimes			The facility maintains a log book of requests for material not within the law library. The documentation reviewed supports the requirements of this component are met.
The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes			
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\boxtimes			
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes			Detainees are allowed to maintain four inches of legal material in their housing units. They may request this be refreshed with additional legal material at any time but will not be allowed to exceed the four inch requirement.
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			
16. All denials of access to the law library fully documented.	\boxtimes			
 Facility staff inform 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			
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 	\boxtimes			All detainees have access to free envelopes and postage.
PART 6 – 36. LAW LIBRARI	ES AN	D LEGAL	MATE	RIAL
☑ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding

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

The facility has a well lit and dedicated law library equipped with eight computers, LexisNexis, two typewriters, a photocopier, supplies and sufficient tables and chairs making it conducive to legal research.

Attachment A material is also posted and available.

All detainees are allowed access to law library.



	PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
	This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
F	Components ✓ Check base if No Court Property is a second of the court of the cour	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Ł	Check here if No Group Presentations were cond Acceptable overall and continue of the conti					
	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.					
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.					
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.					
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.					
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.					
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.					
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.					
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.					
9.	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.					
10.	Staff permit presenters to distribute ICE/DRO-approved materials.					
11.	The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.					

PART 6 - 37. LEGAL RIGHT	S GRO	UP PRESI	ENTA	ΓIONS		
	This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.						
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.						
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 						
15. The facility maintains equipment for viewing approved electronically formatted presentations.						
PART 6 - 37. LEGAL RIGHT	S GRO	UP PRESI	NTA	TIONS		
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A	L	☐Repeat Finding		
Remarks: (Record significant facts, observations, other south the facility has a written policy in place to address Legal Rights over the past 12 months. (b)(6), (b)(7)c May 5 Reviewer's Signature / (b)(6), (b)(7)c (b)(6) (b)(7)(c)			s but r	eports no such events have occurred		

Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

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

	PART 7 – 38. DETENTION FILES					
Thi boo	This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<u> </u>	A Detention File is created for every new arrival whose stay will exceed 24 hours.	\boxtimes			The facility creates a detention file for every new arrival. The files contain documents generated during the admissions process.	
2.	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 or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 				Detention files inspected contained all bulleted items identified by this component.	
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	\boxtimes			The detention files are maintained in a dedicated area within a locked security screen.	
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.					
	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			As observed, files are marked when closed indicating they are ready to be archived.	
	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes				
	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			Access to the detention file area is limited and a logbook is maintained.	
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			The computer within the detention file area is password protected. Facility Information Technology staff monitor the computers for security issues.	

PART 7 – 38. DE	TENTI	ON FILES	1,150	
This Detention Standard contributes to efficient and responsooked into a facility for more than 24 hours a file of all significant contributes to efficient and responsors.	nsible fa gnifican	cility mana t informatio	ageme on abo	ent by maintaining for each detainee out that person.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	\boxtimes			
Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes			
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.				
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.				
Archived files are purged after six years by shredding or burning.		×		While the facility does not meet the current standard as written, facility staff provided information indicating ICE recently instructed them to hold all detention files indefinitely.
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.				The facility is a SPC.
PART 7 – 38. DE	TENTI	ON FILES		
⊠ Meets Standard ☐ Does Not Meet St	andard	. □ N/A	.	☐Repeat Finding
Remarks: (Record significant facts, observations, other sources used, etc.) Detention files are maintained in a secure room in the admissions building. The room is entered (b)(7)e The files inspected included appropriate forms and documentation required. Files removed from the area are logged out and in.				
The creations, maintenance, security, archiving and retention of d standard.				
(b)(6), (b)(7)c / May 5 Reviewer's Signature / (b)(6), (b)(7)c (b)(6) (b)(7)(c)				

PART 7 - 39. NEWS MEDIA	PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS				
This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.					
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks	
The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.				Per facility written policy, all media interviews require prior approval by the FOD.	
All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.				The facility maintains a log, which was reviewed, of detainee personal interviews. The News Interview Authorization form was present and placed within the facility detention file and A-file.	
 The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case. 				An interview conducted December 7, 2011 was reviewed. The Guatemalan newspaper, "Nuestro Diario" requested a special interview with a Guatemalan detainee. The facility AFOD and FOD reviewed the request and forwarded it to Washington, D.C. for further review and approval.	
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.					
 All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 				While reporting no press pools occurring in the past 12 months, the facility has a well-defined written policy in place.	
PART 7 - 39. NEWS MEDIA	INIER	WIEWS A	אט וכ	ייין אין אין אין אין אין אין אין אין אין	
☑ Meets Standard ☐ Does Not Meet St	andard	I N/A		☐Repeat Finding	

Remarks: (Record significant facts, observations, other sources used, etc.)
The facility maintains a well-documented logbook of media requests, interviews and tours.

Appropriate release forms are available and completed as required.

The facility obtains headquarters permission, as required, prior to allowing interviews of a sensitive nature.

Review of facility documentation and interviews with staff indicate the facility meets the requirements of this standard.

(b)(6), (b)(7)c / May 5 2011

Reviewer's Signatur

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

	PART 7 – 40. STAFF TRAINING					
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.				The facility is staffed with ICE employees and contracts with Asset/Ahtna for security services. Both conduct separate orientation, initial and annual training for staff. Training for contractors and volunteers is provided by Asset/Ahtna	
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes				
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.				ICE and Asset/Ahtna have qualified individuals who oversee the staff development and training programs. Documentation in place verifies both trainers have completed 40-hour training for trainer's course.	
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes				
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Flectronic systems.	\boxtimes			Individual training files are maintained for ICE and Asset/Ahtna staff in the facility computer system.	

PART 7 – 40. STAFF TRAINING

This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards 				The facility training curriculum for ICE staff includes all bulleted items identified in this component. The training curriculum for Asset/Ahtna staff (contractual and volunteers) also contains the bulleted items identified in this component. In addition to training, Asset/Ahtna staff are given a test on each subject and required to receive a score of 80% or better to pass.

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention 				All clerical/support staff having minimal detainee contact receives 16 hours of training addressing all bulleted items identified in this component.	

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of suicide risk and hunger strike Suicide precautions Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plan and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques Sexual harassment/sexual misconduct awareness. National Detention Standards. 				All professional and support staff including contractors receive 40 hours of training. Review of the training curriculum verified training is provided on the bulleted items of this component.		

PART 7 - 40. \$1						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. National Detention Standards. Medical grievance procedures and protocol. Requirement for special needs detainees. Code of Ethics Drug free workplace 				Training records reviewed for full-time health care employees (IHSC staff) indicate all bulleted items are covered.		
 Hostage situations and staff conduct if taken hostage. 						

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations 					
 Supervision of detainees Searches of detainees, housing units, and work 					
 Signs of suicide risk, precaution, prevention and intervention. 					
 Code of Ethics Health-related emergencies Drug-free workplace 					
 Suicide precautions Self-defense techniques 				A	
 Use-of-force regulations and tactics Report writing 				A review of training records for contractual and ICE security staff confirms training is provided and documented on all bulleted items	
 Detainee rules and regulations Key control 				identified in this component.	
 Rights and responsibilities of detainees Safety procedures Emergency plans and procedures 					
 Interpersonal relations Social/cultural lifestyles of the detainee population 					
 Cultural diversity/understanding staff & detainees Communication skills 					
Cardiopulmonary resuscitation (CPR)/first aidCounseling techniques					
Sexual abuse/assault awarenessNational Detention Standards.					
11. Situation Response Teams (SRTs) receive:					
Specialized training before undertaking their assignments.				(b)(7)e	
12. Facility management and supervisory staff receive:Management and Supervisory training	\boxtimes			ICE and Asset/Ahtna staff receives management and supervisory	

PART 7 – 40. S	TAFF T	RAINING		
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. (MANDATORY) Personnel authorized to use firearms				All ICE staff receives (b)(7)e
receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	×			Asset/Ahtna have armed posts and staff is trained prior to assignment. All training is provided prior to an armed post assignment and addresses firearm use, safety, care and constraints of firearm use.
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			ICE and the Asset/Ahtna are required to demonstrate (b)(7)e
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.				(b)(7)e
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 	\boxtimes			
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug- free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			Facility training files reviewed contained documentation confirming all new staff review and acknowledge in writing their understanding of the facility's drugfree workplace program.

PART 7 – 40. ST	4.4			struction that is manipulated about to the
This Detention Standard ensures that staff, contractors, ar requiring that they receive initial and ongoing refresher training		neers are	compe	eterit in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics.				
Typical contents are:				
Staff, contractors, and volunteers prohibited from:				
 Using their official positions to secure privileges for themselves or others.]	The training curriculum includes a four-hour block of instruction
 Engaging in activities that constitute a conflict of interest. 				addressing the bulleted items identified in this component.
 Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. 				
 Acceptable behavior in the areas of campaigning, lobbying or political activities. 				
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			
20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes:				
 Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary 				Training curriculum and staff files reviewed clearly support staff having frequent contact with
resuscitation (CPR). Obtaining emergency medical assistance through	\boxtimes			detainees receives training regarding responding to health-
the facility plan and its required procedures.				related emergencies covering all bulleted items identified in this
 Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. 				component.
 The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 			į	

PART 7 40. S	45,000			
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra	nd volui ining.	nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:				
 Understanding that sexual abuse or assault is never an acceptable consequence of detention. 	!			
 Recognizing housing or other situations where sexual abuse or assault may occur. 	\boxtimes			
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 				
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				
22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:				
 Identifying the warning signs and symptoms of impending suicidal behavior, 				Training curriculum reviewed in
 Demographic, cultural, and precipitating factors of suicidal behavior, 		:	_	conjunction with staff training records established a
Responding to suicidal and depressed detainees,		l l j		comprehensive Suicide Prevention and Intervention Program to include
 Communication between correctional and health care personnel, 				all bulleted items identified in this component.
 Referral procedures, 				component.
 Housing observation and suicide-watch level procedures, and 				
 Follow-up monitoring of detainees who have attempted suicide. 		:		
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\boxtimes			
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.				An ICE training officer ensures new staff receive training in the proper care and control of keys prior to being issued keys. Key control is also a component of annual inservice training.

PART 7 - 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. Does Not Meet Standard Components Remarks 25. Through ongoing (at least annual) training, detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum A review of staff training files, Communication techniques training curriculum and use of force Cultural diversity \boxtimes incidents indicate all staff is trained Dealing with the mentally ill in all bulleted items identified in this component. Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 26. Employees are encouraged to continue their education and professional development through incentives such \boxtimes as salary enhancement, reimbursement of costs, and administrative leave. PART 7 - 40. STAFF TRAINING Meets Standard ■ Does Not Meet Standard □ N/A Repeat Finding

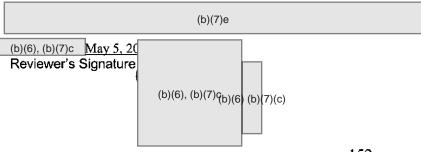
Remarks: (Record significant facts, observations, other sources used, etc.)

The facility has two separate staff training departments, one for ICE staff and the other for Asset/Ahtna contractual employees.

Both training departments conduct pre-service and regular in-service training for all staff, contractors and volunteers. The amount and content of training appears to be sufficient and in compliance with standard requirements.

Individual training files are maintained electronically for all staff.

Personnel authorized to use firearms receive training prior to assignment to an armed post and are required to demonstrate firearms competency at specified periods consistent with standard requirements.



	PART 7 - 41, TRANS				
res	is Detention Standard ensures that transfers of detail ponsibly managed in regard to notifications, detainee re d personal property.	nees fr cords, s	om one fa safety and	acility securi	to another are professionally and by, and protection of detainee funds
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 				If a G-28 has been filed the detainee's DO notifies the representative of record as required and places the notification in the detainee's A- File. The facility also logs the notification on the ENFORCE system.
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			
5.	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	\boxtimes			Written facility policy addresses all aspects of this component.
6.	The detainee is provided with a completed Detainee Transfer Notification Form.				A completed Detainee Transfer Notification Form is provided and on file.
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			The facility uses the Forms I-203, I-216 and G-391 during the release process.
8.	 For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. 				On-site IHSC staff approves the transfer and the AFOD and assigned ICE security staff are notified. Medical transfer summaries are completed and accompany the detainee. A file is maintained containing copies of completed medical transfer summaries. Detainees are issued seven days worth of prescribed medication.

PART 7 - 41. TRANS	FER O	F DETAIN	EES	
This Detention Standard ensures that transfers of deta responsibly managed in regard to notifications, detainee reand personal property.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential. 				Transfer summary sheets were reviewed and found to be in a sealed envelope marked "Medical Confidential" with the detainees name and A-number.
 For medical transfers, transporting officers receive instructions regarding medical issues. 				
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.				
12. Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes			
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				Upon arrival detainees are provided a free, three-minute phone call.
 Meals are provided when transfers occur during normally schedule meal times. 				
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.				The A-File generally accompanies the detainee when transferred.
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				On rare occurrences, A-Files are sent via overnight mail.
PART 7 - 41. TRANS	FER O	F DETAIN	EES	
	tandard	I N/A	١	☐Repeat Finding
Remarks: (Record significant facts, observations, other sor This inspection included a review of written policy and available			nd to n	neet the requirements of this standard.
Observation of the transfer process also confirmed compliance we care and documentation aspects of this standard.	rith the n	otification,	proper	ty preservation, continuity of medical
(b)(6), (b)(7)c / May 5, 2 Reviewer's Signature / D (b)(6), (b)(7)c (b)(6) (b)(7)(c)				

U.S. Immigration and Customs Enforcement Office of Detention and Removal



National Performance-Based Detention Standards Outcome Measures for Over 72 Hour Facilities

El Centro Service Processing Center May 5, 2011

Detention Management Division 801 I Street NW Washington, DC 20536

What is "Performance-Based"?

Unlike "policy and procedures" that focus solely on what is to be done, performance-based standards start with a focus on the results or outcomes the required procedures are expected to accomplish. Each National Performance-Based Detention Standard (NDS) includes clearly stated Expected Outcomes to reflect the standard's contribution to the agency's broader mission and detention goals.

The **Expected Practices** in each NDS represent what is to be done to accomplish the **Expected Outcomes** that address the Detention Standard Purpose and Scope. Outcome Measures are the indicators examined in order to determine whether (or how well) a facility is addressing the Expected Outcomes. Outcome data, along with the levels of compliance with Expected Practices are considered as part of the totality of conditions in a facility.

The new National Performance-Based National Detention Standards address or incorporate American Correctional Association (ACA) Adult Local Detention Facility Standards, which are the industry benchmark.

Worksheet Overview

Two sets of Detention Review Worksheets are used to assess compliance with the National Performance-Based Detention Standards (NDS) – both of which are derived from the Expected Practices articulated in the Standards themselves:

- The G324A is used for facilities that house detainees for over 72 hours.
- The G324B is used for facilities that house detainees for under 72 hours.

The G324B is for use with under 72 hour facilities and does not contain as much detail on the following NDS as is included in the 324A: Correspondence and Other Mail, Escorted Trips for Non-Medical Emergencies, Law Libraries and Legal Material, Legal Rights Group Presentations, Marriage Requests, Recreation, and Voluntary Work Program. These standards were not included in the prior version of the 324B due to the short term nature of the detention in facilities that are used for 72 hours or less. These sections are now included in the 324B but only to the extent that facilities seek applicability and are not mandated by ICE. For example, voluntary work programs are not required, but if detainees work, compliance with the NDS is required.

Mandatory components in several of the standards are noted on the worksheets. Mandatory items must be met in order for the facility to receive a satisfactory rating for that standard. These mandatory components typically represent life safety issues. A Does Not Meet rating on one of these components is very serious, failing to meet one of the mandatory components means that the overall facility review rating will be Does Not Meet Standards.

The Outcome Measures Worksheet section is completely new for the National Performance-Based Detention Standards. The Outcome Measures Worksheets are to be will be completed by facility staff prior to arrival of the review team. Ideally, this information will be maintained on a continuous basis by the facility as part of an Outcome Measures database to provide a perpetual record for monitoring facility performance. Detention reviewers will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

Worksheet Completion

Reviewers are required to complete each item of each section of the G324A and G324B Detention Review Worksheets. Worksheets are in a uniform format with six columns with NDS purpose and scope cited at the top of the worksheet. Column 1 contains the NDS standard assessment component. Columns 2-5 are provided for the ratings assigned to each component that is assessed. While there is a column titled N/A or not applicable, the NA rating should be used rarely and only when it applies. The remarks section is provided for reviewers to include details on each rating that may raise a question such as the Does Not Meet Standards or N/A ratings. Reviewers may find it useful to include rationale for Exceeds Standards ratings as well.

A Remarks section is provided at the end of the outcome measures section for summary comments and analysis of outcome measures data. The information included in the worksheet components Remarks sections and in the final summary Remarks section should be considered for inclusion in the reviewer report that summarizes the overall facility review process.

Outcome Measures Completion

The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team. Ideally, this information will be maintained on a continuous basis by the facility as part of an Outcome Measures database to provide a perpetual record for monitoring facility performance. Data should be verified as accurate by the facility before including it in the database.

Detention reviewers will review facility outcome measures data and provide analysis of the data to describe facility performance and trends. In a few instances outcome measures are not provided for some the National Performance-Based Detention Standards because after careful consideration of the standard the assessment process has been determined to be more process-oriented in nature.

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PART 1 - 1. EMERGENCY PLANS

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
17	1 (Key) (1C09)	Number of injuries resulting from fires requiring medical treatment	0	
	(1003)	divided by the average daily population (ADP)	481	0
19,21	2 (Key)	Number of fires that resulted in property damage	0	
(1C10)	(1010)	divided by the average daily population (ADP)	481	0
21	3 (Key) (1C08)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility	0	
(1000)	(1000)	divided by the number of emergencies.	0	0
21	4 (1C01)	Number of emergencies, caused by forces external to the facility, that result in property damage	0	
	(1001)	divided by the average daily population (ADP)	481	0
21	5 (1C11)	Dollar amount of property damage from fire	0	0
21	6	divided by the average daily population (ADP) Number of code violations cited	481	!
	(1C12)	divided by the average daily population (ADP)	481	.006
21	7 (1C14)	Number of incidents of inventory discrepancies divided by the average daily population (ADP)	481	0
21	8	Number of incidents involving toxic or caustic materials	0	
	(1C13)	divided by the average daily population (ADP)	481	0

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Outcome Measures Worksheet					
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
3, 8, 13	1 (Key)	Number of worker's compensation claims filed for injuries that resulted from the physical environment.	9		
		divided by the average number of full-time equivalent staff positions		(b)(7)e	
1,8,13,18	2 (Key) (1A04)	Number of physical injuries or emotional traumas requiring treatment as a result of the physical environment of the facility	11		
		divided by the average daily population.	481	.023	
27,30,31	3 (Key)	Number of sanitation or health-code violations identified by external agencies	0		
	(1A06)	divided by the average daily population (ADP)	481	0	
3,10,17,36	4 (Key)	Number of detainee grievances related to safety or sanitation found in favor of detainees	1		

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

their severity.				
	(1A08)	divided by the number of detainee's grievances related to safety or sanitation.	1	1
9	5 (Key) (1A10)	Number of detainee injuries resulting from fires requiring medical treatment in a 12-month period	0	
		divided by the average daily population (ADP)	481	0
19,30,31,33, 36,37	6 (1A02)	Number of illnesses requiring medical attention as a result of the physical environment of the facility	0	
		divided by the average daily population	481	0
27,30,31	7	Number of health code violations corrected	0	
	(1A07)	divided by the number of health code violations identified.	0	0
9	8	Number of fire-code violations corrected	0	
	(1A09)	divided by the number of fire code violations cited by jurisdictional authority.	0	0
15	9	Number of detainee injuries (other than by fire) requiring medical treatment	220	
	(1A11)	divided by the average daily population.	481	.457
9	10	Number of staff injuries resulting from fires requiring medical treatment	0	
	(1A12)	divided by the average daily number of staff in the past 12 months.		(b)(7)e
15	11	Number of staff injuries (other than fire) requiring medical treatment	4	
	(1A13)	divided by the number of fire related incidents during the past 12 months.	0	0
15	12	Number of detainee lawsuits related to safety or sanitation found in favor of the detainee	0	
(1)	(1A14)	divided by the number of detainee lawsuits related to safety or sanitation	0	0

PART 1 - 3. TRANSPORTATION (BY LAND)

This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party	0	
	(1B02)	divided by the average daily population (ADP)	481	0
12	2	Number of vehicle accidents resulting in property damage	О	
		divided by the total number of trips	1084	0
12	3	Dollar amount of damage from vehicle accidents resulting in property damage	0	
	(1B03)	divided by the total number accidents	0	0

PART 2 - 4. ADMISSION AND RELEASE

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

	Outcome Measures Worksheet						
Worksheet	Outcome	Numerator/Denominator	Value	Outcome			
Item #	Measure			Measure			
1	1 (Key)	Total number of detainees who received orientation presentations over the last year	2730				
		divided by the total number of detainees admitted into the facility over the last year	7436	3.66			
			1. 1. 1. 1. 1.	1 11 1 1 1			

PART 2 - 5. CLASSIFICATION SYSTEM

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1 (Key)	Number of escapes from the facility	0	
	(2A05)	divided by the average daily population.	481	0
2,3,4 2	Number of level 1 detainees admitted during the past 12 months	6506		
	divided by total number of detainees admitted during the past 12 months	7436	.87	
2,3,4 3	Number of level 2 detainees admitted during the past 12 months	709		
		divided by total number of detainees admitted during the past 12 months	7436	.095
2,3,4	4	Number of level 3 detainees admitted during the past 12 months	221	
	divided by total number of detainees admitted during the past 12 months	7436	.030	
9,10,11 5	Number of classification appeals won over the last 12 months	2		
		divided by the number of classification appeals filed over the last 12 months	6	.333

PART 2 - 6. CONTRABAND

This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
6,7	1 (Key)	Number of weapons found in the facility over the past 12 months	60	
	(2C03)	divided by the average daily population.	481	.124
6,7 2 (Key) (2C04)		Number of controlled substances found in the facility	53	
	(2C04)	divided by the average daily population.	481	.110
8 3 (2C01)	3	Number of incident reports involving contraband	326	
	divided by the average daily population.	481	.677	

PART 2 – 7. FACILITY SECURITY AND CONTROL

This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

Outcome	Measures	Worksheet

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
13	1	Number of incidents	0	
(2A01)	divided by the average daily population.	481	0	
3,4	2	Number of full time employees (FTE) filled		
		Number of FTE authorized	Г	(b)(7)e
3,4 3	3	Number of security employees (FTE) filled	(b)(7)e	(3)(7)
		Number of security FTE authorized		(b)(7)e
	. 1 22 1. 1. 1. 1.			· · · · · · · · · · · · · · · · · · ·

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

Outcome Measures Worksheet

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
29, 30, 31	1 (Key)	Number of missing property claims submitted during the past 12 months	0	
		divided by the number of detainees admitted during the past 12 months	481	0
29, 30, 31 2 (Key)	Number of grievances filed by detainees regarding their property	6		
	(7D03)	divided by the average daily population.	481	.012
7	3 (Key)	Number of detainee grievances on property decided in favor of detainees	3	
	(7D04)	divided by the total number of detainee grievances on property.	6	.05

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

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

Outcome Measures Worksheet

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
6	1 (Key)	Number of detainees kept in hold rooms beyond the 12 hour time constraint in the past 12 months	0	
		divided by the number of admissions	7436	0

PART 2 - 10. KEY AND LOCK CONTROL

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

Outcome Measures Worksheet				
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
21 1		Number of incidents involving keys	0	
	(2D01)	divided by the average daily population.	481	0
21	2	Number of incidents involving locks	0	
	<u> </u>	divided by the average daily population.	481	0

PART 2-11. POPULATION COUNTS

This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detained accountability.

Outcome Measures Worksheet				
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1	Number of incident reports involving count issues (delayed counts, inaccurate counts, recounts)	26	
		divided by the total number of counts.	1460	.017

PART 2 – 12. POST ORDERS

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

Worksheet Outcome		Numerator/Denominator			Value	Outcome
ltem#	Measure					Measure
		NA	·			

PART 2 – 13. SEARCHES OF DETAINEES

This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.

Worksheet

Item#

Outcome

Measure 1 (Key)

past 1

Outcome Measures Worksheet		
Numerator/Denominator	Value	Outcome Measure
Number of strip searches conducted over the past 12 months	306	

7436

.041

PART 2- 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

divided by number of detainees admitted into

the facility over the past 12 months

This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault

		Outcome Measures Worksheet		
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
10	1 (Key)	Number of confirmed sexual misconduct incidents between staff and detainees	0	
(4D11)	(4D11)	divided by the average daily population for the past 12 months.	481	0
10 2 (Key) (4D12)	2 (Key) (4D12)	Number of confirmed sexual misconduct incidents between volunteers and/or contract personnel and detainees	0	
	,	divided by the average daily population.	481	0
10	3	Number of alleged sexual misconduct incidents between staff and detainees	0	
	(4D09)	divided by the average daily population.	481	0
10 4	4 (4D10)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees	0	
		divided by the average daily population.	481	• 0

PART 2 - 15. SPECIAL MANAGEMENT UNITS

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Outcome Measures Worksheet					
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
47	1	Number of detainees held in SMU beyond 30 days during the past 12 months	29		
		divided by the number of admissions to segregation in the past 12 months	198	.146	
36 2	Number of grievances regarding access to courts found in favor of the detainee during the past 12 months while in SMU	0			
	divided by the number of grievances regarding access to courts during the past 12 months while in SMU	0	0		
40,41,42	3	Number of grievances regarding access to recreation activities found in favor of the detainee during the past 12 months while in SMU	0		
	divided by the number of grievances regarding access to recreation activities during the past 12 months while in SMU	0	0		
1	4	Number of incidents in SMU	32		
		divided by the number of admissions to SMU.	198	.16	

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.

Outcome Measures Worksheet				
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,2,3	1 (Key)	Number of ICE scheduled visits during the last 12 months	1412	
		divided by 52 (weeks).	52	.039
1,2,3	2	Number of ICE unannounced visits during the last 12 months	1342	
		divided by 52 (weeks).	52	25.81
5,8,9	3	Number of Staff Detainee Request forms responded to within 72 hours	4989	
		divided total number of Staff Detainee Request forms for the past 12 months	4989	1

PART 2-17, TOOL CONTROL

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3 1 (2D02)	Number of incidents involving tools	0		
	divided by the average daily population.	481	0	
3 2	2	Number of incidents involving culinary equipment	0	
	(2D03)	divided by the average daily population.	481	0
3	3	Number of incidents involving medical equipment and sharps	0	
	(2D04)	divided by the average daily population.	481	0

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

	Outcome Measures Worksheet		
Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1 (Key)	Number of instances in which force was used	27	
(2B01)	divided by the average daily population.	481	0.056
2 (Key)	Number of times that staff uses of force were found to have been inappropriate	0	
(2B03)	divided by the number of uses of force	0	0
3 (Key)	Number of injuries requiring medical treatment resulting from staff use of force	0	
(2B06)	divided by the average daily population	481	0
4 (Key) (2B04)	Number of detainee grievances filed alleging inappropriate use of force decided in favor of the detainees	1	
	divided by the number of grievances alleging inappropriate uses of force.	1	1
	Measure 1 (Key) (2B01) 2 (Key) (2B03) 3 (Key) (2B06) 4 (Key)	Outcome Measure Numerator/Denominator 1 (Key) Number of instances in which force was used (2B01) divided by the average daily population. 2 (Key) Number of times that staff uses of force were found to have been inappropriate (2B03) divided by the number of uses of force 3 (Key) Number of injuries requiring medical treatment resulting from staff use of force (2B06) divided by the average daily population 4 (Key) Number of detainee grievances filed alleging inappropriate use of force decided in favor of the detainees (2B04) divided by the number of grievances alleging	Outcome Measure Numerator/Denominator Value 1 (Key) Number of instances in which force was used 27 (2B01) divided by the average daily population. 481 2 (Key) Number of times that staff uses of force were found to have been inappropriate 0 (2B03) divided by the number of uses of force 0 3 (Key) Number of injuries requiring medical treatment resulting from staff use of force 0 (2B06) divided by the average daily population 481 4 (Key) Number of detainee grievances filed alleging inappropriate use of force decided in favor of the detainees 1 (2B04) the detainees 1

PART 3 - 19. DISCIPLINARY SYSTEM

This Detention Standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Worksheet	Outcome	Outcome Measures Worksheet Numerator/Denominator	Value	Outcome
Item #	Measure	Numerator/Denominator	value	Measure
1	1 (Key)	Number of rule violation reports	75	
	(3A01)	divided by the average daily population.	481	0.156
1	2 (Key)	Number of assaults detainee against detainee	5	
	(3A02)	divided by the average daily population	481	.010
1	3 (Key) (3A02)	Number of assaults detainee against staff	2	
		divided by the average daily population	481	.004
1	4 (Key)	Number of 100 and 200 level violations	92	
		divided by the average daily population.	481	.191
1	5 (Key)	Number of 300 and 400 level violations	82	
		divided by the average daily population.	481	.170
6	6	Number of disciplinary violations resolved at the unit level	17	
		divided by the total number of disciplinary violations adjudicated	63	.27

PART 4 - 20. FOOD SERVICE

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

Worksheet	Outcome	Numerator/Denominator	Value	Outcome
Item #	Measure			Measure
3	1 (Key)	Number of documented detainee illnesses attributed to food service operations	0	
	(4A01)	divided by the average daily population (ADP)	481	0
3	2 (Key) (4A02)	Number of detainee grievances about food service decided in favor of the detainee the past 12 months	2	
		divided by the number of detainee grievances about food service.	2	1
52	3 (Key) (4A03)	Number of violations cited by independent authorities for food sanitation in the past 12 months.	0	

PART 4 - 21. HUNGER STRIKES

This Detention Standard protects detainees' health and well-being by monitoring, counseling, and providing appropriate treatment to any detainee who is on a hunger strike

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of hunger strikes during past 12 months	1	
		divided by the average daily population	481	.002
13	2 (Key)	Number of detainees transported to outside facilities as a result of a hunger strike	0	
		divided by the number of hunger strikes during the past 12 months	1	0

PART 4 – 22. MEDICAL CARE

This Detention Standard ensures that detainees have access to a continuum of prompt, effective health care and emergency care services, so that their health care needs are met in a timely and efficient manner at no cost to detainees.

	-	Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
67	1 (Key)	Number of detainee deaths due to injuries	0	
	(4C12)	divided by the average daily population.	481	0
67	2 (Key)	Number of medically expected detainee deaths	0	
	(4C13)	divided by the average daily population.	481	0
67	3 (Key)	Number of medically unexpected detainee deaths	0	
	(4C14)	divided by the average daily population.	481	0
,	4 (Key)	Number of detainee admissions to off-site hospitals	13	
	(4C16)	divided by the average daily population.	481	.027
5,29	5 (Key)	Number of detainees transported off-site (via an ambulance or correctional vehicle) for treatment	401	.021
(4C17)	(4C17)	of emergency health conditions	94	
		divided by the average daily population.	481	.195
	6 (Key) (4C19)	Number of detainee grievances about access to health care services found in favor of the detainee	17	
		divided by the number of detainee grievances about access to healthcare services	17	1
1	7 (Key)	Number of detainee grievances related to the quality of health care found in favor of detainees	12	
	(4C20)	Divided by the number of detainee grievances related to the quality of health care	17	.71
2,9	8 (Key)	Number of staff with lapsed licensure and/or certification	0	
	(4D01)	divided by the number of licensed or certified staff.		(b)(7)e

PART 4 - 22. MEDICAL CARE

This Detention Standard ensures that detainees have access to a continuum of prompt, effective health care and emergency care services, so that their health care needs are met in a timely and efficient manner at no cost to detainees.

(4C01) 10 (4C02) 11 (4C03)	skin test on admission divided by the number of admissions. Number of detainees diagnosed with active tuberculosis divided by the average daily population. Number of conversions to a positive tuberculin skin test	7436 7 481	.015
(4C02) 11	tuberculosis divided by the average daily population. Number of conversions to a positive tuberculin		.015
11	Number of conversions to a positive tuberculin		.015
	· '	n	
(4003)		"	
(4000)	divided by the number of tuberculin skin tests given.	0	0
12 (4C04)	Number of detainees with a positive tuberculin skin test who complete prophylaxis treatment for tuberculosis	0	
,	divided by the number of detainees with a positive tuberculin skin test on prophylaxis treatment for tuberculosis.	0	0
13	Number of Hepatitis C positive detainees	17	
(4C05)	divided by the average daily population.	481	.035
14	Number of HIV positive detainees	2	
(4C06)	divided by the average daily population.	481	.004
	13 (4C05) 14	(4C04) tuberculosis divided by the number of detainees with a positive tuberculin skin test on prophylaxis treatment for tuberculosis. 13 Number of Hepatitis C positive detainees (4C05) divided by the average daily population. 14 Number of HIV positive detainees	tuberculosis divided by the number of detainees with a positive tuberculin skin test on prophylaxis treatment for tuberculosis. Number of Hepatitis C positive detainees 17 (4C05) divided by the average daily population. 481 Number of HIV positive detainees 2 (4C06) divided by the average daily population. 481

PART 4 - 23, PERSONAL HYGIENE

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

		Outcome Measures Worksheet		
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
	1 (Key) (4B01)	Detainee grievances regarding detainee access to personal hygiene decided in favor of the detainee	О	
		divided by the average daily population.	481	0
1,2	2 (Key)	Number of detainee grievances related to hygiene found in favor of the detainee	0	
	(4B04)	divided by the number of detainee grievances related to hygiene.	481	0
7,8	3 (4B03)	Number of detainees diagnosed with hygiene-related conditions (scabies, lice, or fungal infections)	2	
		divided by the average daily population.	481	.004
7	4	Number of detainee lawsuits related to hygiene found in favor of the detainee.	0	
	(4B05)	divided by the number of detainee lawsuits related to hygiene	481	0
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PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

This Detention Standard protects the health and well-being of immigration detainees by training detention facility staff in effective methods for preventing suicide. More specifically, facility staff will be trained to recognize and identify potential signs, behaviors, or situations which suggest a detainee may be a suicide risk. Facility staff will also be trained to proceed with the appropriate sensitivity, supervision, referral, reporting, medical emergency intervention, and treatment when required to take action in order to prevent or minimize such a risk.

Outcome Measures Worksheet					
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
3	1 (Key)	Number of detainee suicide attempts	0		
	(4C09)	divided by the average daily population	481	0	
4	2 (Key)	Number of detainee suicides	0		
	(4C10)	divided by the average daily population.	481	0	
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PART 4 - 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's ☐ Check this box if the facility does not accept ICE detainees who are severely or terminally III. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications. Outcome Measures Worksheet Worksheet Outcome Numerator/Denominator Value Outcome Item # Measure Measure NA

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
8,9,10	1 (Key)	Number of detainee grievances regarding correspondence and other mail	0	
		divided by the average daily population	481	0
8,9,10	2 (Key)	Number of detainee grievances regarding correspondence and other mail decided in favor of detainees	0	
		divided by the total number of grievances	44	0
			in North Control	-

PART 5 - 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES

This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1	Number of escorted trips denied	1	
		Divided by the number of requests received	1	1
14	2	Number of detainees who became disruptive during the trip resulting in the trip's termination	0	
		Divided by the number of escorted trips taken	0	0

PART 5 – 28. MARRIAGE REQUESTS

This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.

Outcome Measures Worksheet				
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
		NA		

PART 5 - 29. RECREATION

This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

		Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,6,7,8	1	Average number of detainees participating in recreation per day	480	
		divided by the average daily population	481	.997
18 2	2	Number of detainee grievances, regarding: recreation	0	
		divided by the average daily population.	481	0
1	3	Number of detainee voluntary transfers (recreation related) approved	0	
		divided by the total number of voluntary transfers (recreation related) requested	0	0
1 4	Number of voluntary transfers (recreation related) requested	0		
		divided by the average daily population	481	0
		arriage spirit arriage daily population	1 701	

PART 5 - 30. RELIGIOUS PRACTICES

This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.

Worksheet Outcome N Item # Measure		Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of detainee grievances regarding religious practices	3	
		divided by the average daily population.	481	.006
1	2	Number of detainee grievances regarding religious practices decided in favor of detainees	2	
		divided by the total number of grievances filed	44	.045

PART 5 - 31. TELEPHONE ACCESS

This Detention Standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies by providing them reasonable and equitable access to telephone services.

Worksheet Outcome Numerato		Numerator/Denominator	Value	Outcome Measure
27	1	Number of detainee grievances regarding telephone access	1	
		divided by the average daily population.	481	.002
27	2	Number of detainee grievances regarding telephone access decided in favor of detainees	1	
		divided by the total number of grievances filed	44	.022

PART 5 – 32. VISITATION

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

		Outcome Measures Worksheet		
Worksheet Outcome Item # Measure		Numerator/Denominator	Value	Outcome Measure
1	1	Number of detainee grievances regarding visitation	0	
		divided by the average daily population.	481	0 :
1	2	Number of detainee grievances regarding visitation decided in favor of detainees	0	
		divided by the total number of grievances filed	44	0
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PART 5 - 33. VOLUNTARY WORK PROGRAM

This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Worksheet	Outcome	Outcome Numerator/Denominator		Outcome
Item #	Measure			Measure
8 1	1	Number of detainee grievances regarding voluntary work program	2	
		divided by the average daily population.	481	.004
8 2	2	Number of detainee grievances regarding voluntary work program decided in favor of detainees	0	
		divided by the total number of grievances filed	44	0
1,3	3	Average number of detainees participating in the voluntary work program	185	
		divided by the average daily population	481	.38
1,3	4	Average monthly total wages paid to detainees	5280	
		divided by the average daily population	481	10.98

PART 6 - 34. DETAINEE HANDBOOK

This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
		NA		
			1. 11	-

PART 6 - 35. GRIEVANCE SYSTEM

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
7	1 (Key)	Number of detainee grievances regarding discrimination	0	
	(6B01)	divided by the average daily population.	481	0
8,11	2 (Key)	Number of detainee grievances regarding discrimination resolved in favor of detainees	0	
	(6B02)	divided by the total number of detainee grievances filed regarding discrimination.	0	0
8,11	3 (Key)	Number of grievances resolved in favor of detainees	33	
	(6B03)	divided by the average daily population.	481	.069
8,11	4 (Key)	Number of grievances resolved in favor of detainees	33	
	(6B04)	divided by the total number of grievances filed.	44	.75

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL

This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
18	1	Number of detainee grievances regarding access to court decided in favor of detainees.	0	
		divided by the total number of grievances filed	44	0
18	2	Number of detainee grievances, regarding access to court	0	
		divided by the average daily population.	481	0
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			* * * * * * * * * * * * * * * * * * *

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS

This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
		NA		

PART 7 - 38. DETENTION FILES

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1	Number of detainee grievances on records decided in favor of detainees	0	
	(7D04)	divided by the total number of detainee grievances.	44	0
2	2	Number of detainee grievances on records	0	
	(7D03)	Divided by the average daily population.	481	Ö

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS

This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,3	(7F03)	Number of complaints filed by the public/media regarding access to information and/or the facility	0	
		divided by the average daily population.	481	0
1,3	2	Number of positive letters/news articles made by the public/media regarding the facility	1	
	(7F04)	divided by the average daily population.	481	.002

PART 7 - 40. STAFF TRAINING

This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of staff who left employment for any reason	(b)(7)e	
	(7B02)	divided by the number of full-time equivalent staff positions.	(b)(7)e	(b)(7)e
4	2	Number of initial training hours provided in the past 12 months	4936	
		divided by the number of staff hired in the past 12 months	(b)(7)e	(b)(7)e
4 3	3	Number of annual training hours provided in the past 12 months	13064	
		divided by the average number of FTE in the past 12 months	(b)(7)e	(b)(7)e
26	4	Number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education	0	
		divided by the number of full-time equivalent staff positions.	(b)(7)e	(b)(7)e
26	5	Number of professional development events attended by staff	25	
		divided by the number of full-time equivalent staff positions	(b)(7)e	(b)(7)e

PART 7 - 41. TRANSFER OF DETAINEES

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

Worksheet	Outcome	Numerator/Denominator Value		Numerator/Denominator Value		Outcome
Item #	Measure			ri.	Measure	
		NA				