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 Processing Center (SPC)** \boxtimes **ICE Contract Detention Facility (CDF)** Name El Paso Service Processing Center Address (Street and Name) 8915 Montana Avenue City, State and Zip Code El Paso, Texas 79925 County El Paso Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) (b)(6)(b)(7)(c)ssistant Field Officer Director Name and Title of Lead Compliance Inspector (b)(6) (b)(7)(c) **LCI, MGT of America** Date[s] of Review From 9/20/2011 to 9/22/2011 Type of Review Operational Special Assessment ☐ Other

Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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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.	\boxtimes			Policy addresses this component effectively and no cases were found.
2.	Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	\boxtimes			
3. •	Staff are trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			Training records reviewed indicated annual classroom training is provided.
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			
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.	\boxtimes			
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes			Seven sets are properly numbered and accounted for.
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			Training records reviewed indicated compliance.
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.	\boxtimes			Alternate routes are discussed in the plans.
9.	The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions	\boxtimes			These four issues are addressed in policy.
10.	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	\boxtimes			
11.	Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			

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
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	\boxtimes			Cooperative agreements are in place with the Ft. Bliss Army Base and the Federal Bureau of Prisons (FBOP).
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	\boxtimes			An annual exercise is conducted with a number of outside agencies invited to participate.
 All staff receive copies of the Facility Hostage policy and procedures. 	\boxtimes			
15 (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	\boxtimes			This is addressed during training for all staff.
 The facility maintains a list of translator services in the event one is needed during a hostage crisis. 	\boxtimes			Translator services are identified in the plans.
 Emergency plans include emergency medical treatment for staff and detainees during and after an incident. 	\boxtimes			
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.	\boxtimes			A two-week supply of food is maintained.
 Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). 	\boxtimes			
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 	\boxtimes			This topic is part of the Emergency Plan policy.

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for d plans to quickly and effectively respond to any emergency					
plans to quickly and enectively respond to any emergency	Situatio	nis triat ari	SC and	to minimize their seventy.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
21. (MANDATORY) Written procedures cover:					
Work/Food Strike					
• Fire					
Environmental Hazard					
 Detainee Transportation System Emergency 					
ICE-wide Lockdown					
Staff Work Stoppage					
 Disturbances 	\boxtimes		П	All the required plans are available in Policy EPC-PBNDS 11-01 for	
• Escapes			ш	use during a crisis situation.	
Bomb Threats					
Adverse Weather					
Internal Searches					
Facility Evacuation					
 Detainee Transportation System Plan 					
Hostages (Internal)					
Civil Disturbances					
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes				
PART 1 – 1. EME	RGEN	CY PLANS	3		

Policy EPC-PBNDS 11-01, Emergency Plans, provides direction and guidance for staff that reflects the requirements of the standard. The policy includes specific sections for all of the required potential emergency situations. Interviews with staff and a review of records indicated the facility is well prepared for unusual circumstances.

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
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			The facility has an effective system established and the system is managed by an IEA assigned as the Safety Officer for the facility.
2.	toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			A review of all storage areas found constant inventories are well maintained by staff assigned to the areas.
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 MSDS books are well organized and up-to-date. In addition, all staff have access to an electronic version maintained by the Safety Officer.
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.	\boxtimes			Interviews with detainees and staff and observation of operations indicated compliance.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			MSDS books are available in the Laundry, Food Service and Medical Departments, as well as in the Safety Officer's file.
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 	\boxtimes			All aspects of this component were found to be addressed effectively.
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			
9.	All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			No exceptions were found.
10.	Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\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
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	No products containing methyl alcohol are used in the facility.
 Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal. 	X			
 (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). 	\boxtimes			
 A technically qualified staff member conducts fire and safety inspections. 	\boxtimes			Both the Safety Officer and the Maintenance Supervisor are qualified to perform inspections.
 The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken. 	\boxtimes			The Safety Officer maintains inspection reports.
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The El Paso Fire Marshal performs the annual inspection and has approved the fire plan.
 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. 	×			The plan includes all items required and a tour of the facility and review of records indicated compliance.
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	\boxtimes			The Safety Officer maintains these records.
19. A sanitation program covers barbering operations.	\boxtimes			Policy and procedures are in place to provide a sanitary operation for detainees.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	X			The barbershop has the necessary facilities and equipment.
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			Standards for sanitation are posted in the barbershop.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	X			

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 items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly. 	\boxtimes			
Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.	\boxtimes			There is a routine cleaning program described in policy. Observations during the review indicated staff and detainees follow the plan.
25. Spill kits are readily available.	\boxtimes			Kits are available in strategic locations.
 A licensed medical waste contractor disposes of infectious/bio-hazardous waste. 	\boxtimes			SteriCycle provides this service.
 Staff are trained to prevent contact with blood and other body fluids and written procedures are followed. 	\boxtimes			Training is provided annually and procedures are in use.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			A local company provides refuse disposal.
 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. 	\boxtimes			EcoLab performs this function under contract.
 Drinking water and wastewater is routinely tested according to a fixed schedule. 	\boxtimes			Annual tests are conducted by the provider, the City of El Paso.
 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). 	×			All (b)(7) generators are run weekly and load tested quarterly according to logs reviewed. Corrective actions are handled on a priority basis.
32. The Facility appears clean and well maintained.	\boxtimes			All areas were visited and found to be clean and well maintained during the inspection.
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes			
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	\boxtimes			Records maintained in the medical areas indicated compliance.

PART 1 – 2. ENVIRONMEN	TAL HE	EALTH AN	ID SAI	FETY		
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		
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			IHSC staff are very involved in facility environmental health issues. Particularly, they assisted with the influenza virus (H1N1) and Methicillin-resistant Staphylococcus Aureus (MRSA) issues in the past.		
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.	⊠			A health services staff member is assigned to the Safety Committee to ensure the department is actively involved in all relevant issues.		
 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. 	\boxtimes			The facility is ACA, NCCHC and TJC accredited and provides a level of safety and hygiene consistent with the requirements noted.		
PART 1 – 2. ENVIRONMEN	TAL HE	ALTH AN	D SAI	FETY		

A review of safety records and policy, observations of operations and interviews with staff and detainees indicated the facility meets the requirements of this standard.

	PART 1 – 3. TRANSPORTATION (BY LAND)						
eq 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.	\boxtimes			Policy EPC-PBNDS 11-03 is used to guide both ICE and contract staff during transportation duties.		
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					
3.	Supervisors maintain records for each vehicle operated.	\boxtimes			A review of records with the Transportation Lieutenant indicated compliance.		
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes			Annual inspections were noted in the files reviewed.		
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	\boxtimes			These records are available for review at the Doyon office, which is off site.		
6.	Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service.	\boxtimes			Records maintained for each vehicle contain the appropriate checklists.		
	 Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. 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. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area–exceeding the 10-hour limit. 	\boxtimes			Texas Department of Transportation (TXDOT) requirements are followed appropriately and meet these limitations.		
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 qualified officers per vehicle. An unaccompanied driver transports an empty vehicle. The transporting officer inspects the vehicle before the 				Observation of transports leaving the facility during the review indicated compliance.		
٥.	start of each detail.	\boxtimes					

PART 1 – 3. TRANSP	ORTAT	ION (BY L	AND)			
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		
Positive identification of all detainees being transported is confirmed.	\boxtimes			A face-to-ID check is made before the transport begins.		
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			Pat searches are conducted before and after the transport.		
The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes			Policy requires each vehicle to be limited to the manufacturer's capacity or less.		
(b)(7)e	\boxtimes					
 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. 	\boxtimes			This is addressed in policy and followed in practice.		
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			Contract staff must follow ICE policy and direction concerning restraints.		
Officers ensure that no one contacts the detainees. (b)(7)e officer remains in the vehicle at all times when detainees are present.	\boxtimes					
Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	\boxtimes			Meals are provided by the facility's food service department.		
 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 guestions acres ar		I		All meals are approved and the		

raises and resolves questions, concerns, or

Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed

(b)(7)e

discrepancies

representative.

schedule.

19. Vehicles have:

with the Food Service

vehicles are cleaned on a weekly

Observation of vehicles in use and

discussions with the drivers

indicated compliance.

basis at a minimum.

 \times

 \times

PART 1 – 3. TRANSPO	ORTAT	ION (BY L	.AND)			
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 Transportatio control of the detainee case.	n is hai	ndled only	by the	e ICE Field Office or Sub-Office in		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
20. The vehicles are clean and sanitary at all times.	\boxtimes			A random observation of three vehicles in use (25% sample) indicated the vehicles are clean and sanitary.		
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 				All detainee property is properly accounted for upon transfer.		
 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 	\boxtimes			Policy EPC-PBNDS 11-03, Transportation (By Land), contains these contingencies to guide both ICE and contract staff during transportation duties.		
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)			

Policy EPC-PBNDS 11-03, Transportation (By Land), contains all the requisite information to guide both ICE and contract staff during transportation duties. Contract staff are trained on the requirements of the ICE standard and perform the bulk of detainee transports. A review of procedures and interviews with contract and ICE staff involved in transportation indicated compliance with the requirements of this standard.

Performance-Based National Detention Standards

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.

OI	orderly operations when detainees are admitted to or released from a facility.							
	Components	Meets Standard	Does Not Meet Standard	Y/N	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.	\boxtimes			An orientation program is provided during in-processing within one business day following admission. Both the ICE Detainee National Handbook and a facility handbook are issued to detainees.			
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			IHSC staff perform the screenings in medical.			
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.	\boxtimes			Detainees sent to general population units have been classified and cleared medically.			
4.	"Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes						
	Detainees are 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.	\boxtimes			Just cause and supervisory approval is required before a strip search may be conducted. Appropriate forms are available.			
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.							
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			An IEA indicated the I-387 Form was available, if needed.			
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes						
9.	All releases are coordinated with ICE.	\boxtimes			An IEA is assigned to oversee and approve all releases.			

PART 2 – 4. ADMISS	SION A	ND RELEA	ASE			
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	V/N	Remarks		
 Staff complete paperwork/forms for release as required. 	\boxtimes					
 Each detainee receives a receipt for personal property secured by the facility. 	\boxtimes					
 The facility has a system to maintain accurate records and documentation for admission, orientation, and release. 	\boxtimes			The ICE Enforcement Alien Detention Module (EADM) system is used.		
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	\boxtimes			Contract staff are supervised by an IEA as they enter appropriate information.		
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 Standard □ N/A □ Repeat Finding						

Interviews with staff, a review of policy and observations in the processing area revealed the operations and procedures in place meet the requirements of this standard.

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.

	detainces that is based on vermable and documented data.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	×			The ICE Classification system is used by trained contract staff and reviewed by an IEA.			
2.	The facility classification system includes:							
	 Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 	\boxtimes			A review of 10 detention files found all classifications in order and properly completed.			
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			Interviews with contract staff and the IEA assigned to classification indicated compliance.			
5.	Housing assignments are based on classification-level.	\boxtimes						
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			Recreation is unit-based.			
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.	\boxtimes			Reassessments are done no later than 90 days from the initial classification.			
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes						
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	\boxtimes			Policy is consistent with these time frames.			
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	\boxtimes			Proper procedures are in place for appeals.			

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	V/N	Remarks	
 The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each. 	\boxtimes			The site-specific detainee handbook addresses the required information.	
 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. 	\boxtimes			Color-coded uniforms and IDs were noted in use throughout the facility.	
PART 2 – 5. CLASSIFICATION SYSTEM					
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The facility uses a local form for classification appeals. The SDDO's decision may also be appealed to the AFOD for final resolution. A review of 10 detention files and interviews with ICE Classification and contractor staff indicated the current classification system in use is compliant with the requirements of this standard.

	PART 2 – 6. CONTRABAND							
	s Detention Standard protects detainees and staff and ecting, controlling, and properly disposing of contraban		nces facility	y secu	rity and good order by identifying,			
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks			
	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.	\boxtimes			Policy EPC-PBNDS 11-06, Contraband, provides guidance for staff to inventory, hold and report contraband.			
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes			Policy mirrors the component language.			
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes						
4.	Altered property is destroyed following documentation and using established procedures.	\boxtimes			Written procedures are in place.			
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes			The AFOD will consult with the Chaplain before confiscating a religious item.			
6.	Staff follow written procedures when destroying hard contraband that is illegal.	\boxtimes			Policy cites the procedures to be used.			
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. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 	\boxtimes			Procedures require hard contraband to be logged and stored in a safe. Appropriate procedures were also noted for soft contraband.			
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	\boxtimes			Receipts are issued as needed.			
9.	Facilities with Canine Units only use them for contraband detection.	\boxtimes			Canines are not used at this facility.			
	PART 2 – 6. C	ONTRA	ABAND					
	☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding							

A review of Policy EPC-PBNDS 11-06 and contraband logs, interviews with staff and observation of operating procedures indicated the facility meets the requirements of this standard.

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
1.	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	\boxtimes			Administrators sign entries in logbooks in red ink.
2.	At least one male and one female staff are on duty where both males and females are housed.	\boxtimes			Both male and female staff was observed on duty where both male and female detainees were housed.
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			This inspector reviewed a December 2010 staffing analysis by the AFOD based on an Average Daily Population (ADP) in 2010 of 785 detainees.
4.	Essential posts and positions are filled with qualified personnel.	\boxtimes			
5.	Every Control Center officer receives specialized training.	\boxtimes			In addition to basic academy instruction and refresher training, control center staff receive special training which is documented.
6.	Policy restricts staff access to the Control Center.	\times			
7.	Detainees do not have access to the Control Center.	\times			
8.	Communications are centralized in the Control Center.	\boxtimes			
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	⊠			(b)(7)e staff are in the Control Center 24 hours per day: (b)(7) monitors the cameras (b)(7) handles communications, the front "main gate" and sally port; and (b)(7)e handles keys and identification of staff.
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	\boxtimes			(b)(7)e
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes			(b)(7)e
12.	Staff make watch calls every (b)(7)e between 6 PM and 6 AM.	\boxtimes			Form 0073 is used for this purpose and the current form and historical file were reviewed.
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes			
	The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			This process was observed each day of the inspection.
15.	All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			The logbook was observed.

PART 2 - 7. FACILITY SECURITY AND CONTROL

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that facility security is maintained and that events that pos	1	ı	le pie	veriteu.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
16. The facility has a secure, color-coded visitor pass system.	\boxtimes			Four color-coded passes were observed: vendors (gold); contract (orange); visitors (red); and official visitors (blue).
17. Officers monitor all vehicular traffic entering and leaving the facility.	⊠			
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				The vehicle control log and visitor
Company represented				logs reviewed (for a three-week
Vehicle contents	\boxtimes			period) was compliant and
Delivery date and time				contained the appropriate
Date and time out				information.
Vehicle license number				
Name of employee responsible for the vehicle during the facility visit				
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			A search of a semi-trailer was observed.
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes			
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes			
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			This guidance is located in the search procedures, General Post Order and individual post orders.
24. Housing area searches occur at irregular times.	\boxtimes			The search logbook shows this and Form 0111 documents results.
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes			
26. There are post orders for every security officer post.	\boxtimes			Compilation of post orders were reviewed, as well as numerous post orders inspected at various posts (the Special Management Unit [SMU] and Intake).
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			

PART 2 - 7. FACILITY SECURITY AND CONTROL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

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Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes			Cameras are used in the recreation areas and other areas are observed by direct supervision.
29. Every search of the SMU and other housing units is documented.	\boxtimes			All activity is logged and filed. Logbooks were reviewed.
30. The SMU entrance has a sallyport.	\times			
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes			This is required and directed by the officer's post order and Policy II-D (1).
 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 	⊠			Section II of the security inspections procedures provide for this schedule.
 Every officer is required to conduct a security check of his/her assigned area. The results are documented. 	\boxtimes			Search logs are located in each area.
34. Documentation of security inspections is kept on file.	\boxtimes			
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes			Work orders are submitted. If the repair is not completed, the issue is referred to the immediate supervisor and discussed at the weekly Friday staff meeting.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes			This is accomplished in the entrance sally port. Documentation is filed and maintained by the maintenance supervisor. The files were inspected.
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes			
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes			(b)(7)e
40. Visitation areas receive frequent, irregular inspections.	\boxtimes			

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes			The Chief of Security (COS) is assigned this responsibility.	
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	\boxtimes			Confirmation is sent monthly to the AFOD and three years' of monthly verifications were reviewed.	
FACILITY SECURITY AND CONTROL					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

Based upon a review of procedures, policy, and an inspection of files and logbooks, it was determined the facility is in compliance with this standard.

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
inclu facil	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						
	dled only by the ICE Field Office or Sub-Office in c						
	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			Detainees are allowed to possess \$100 in cash. Excess funds are collected, counted, and inventoried on a G-589 Form. A copy is provided to the detainee.		
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large valuables are secured in a locked storeroom. The only key to the storeroom is exchanged with the incoming supervisor on the following shift.		
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.	\boxtimes			An inventory of baggage items is delineated on the G-589 Form. A copy is provided to the detainee.		
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.	\boxtimes			Each officer verifies the cash/property collected and signs the G-589 inventory.		
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?			\boxtimes	This is an SPC facility.		
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes					
7.	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes			Medication is placed in a sealed plastic bag, labeled and forwarded to the Medical Unit.		
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes					
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			Discrepancies are immediately forwarded to a Captain.		
	Staff follow written procedures when returning property to detainees.	\boxtimes					
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	X					

PART 2 - 8. FUNDS AND PERSONAL PROPERTY
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically
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facility.
Standard NA: (IGSA ONLY) Check this boy if all ICE detained Funds. Valuables and Property are

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.

handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	Y/N	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; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	\boxtimes			An address is obtained from the detainee upon admission. If property is left at the facility notification is sent via certified mail to the address provided. After 30 days, if the property is not claimed, it is forwarded to ICE. ICE then follows the same procedures. If the property is not claimed after another 30 days, a decision for disposal is made.	
	Staff obtain a forwarding address from each detainee.	\boxtimes				
14.	It is standard procedure for two officers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes			Verification is provided by signing the G-589.	
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes				
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.	\boxtimes				
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	\boxtimes			The admissions log was reviewed and initials of receipting officers verified. The same information is duplicated in an on-line record.	
18.	Staff tag large valuables with both a G-589 and an I-77.	\boxtimes			The G-589 and I-77 are provided in triplicate with copies to the file, property office and the detainee.	
19.	The supervisor verifies the accuracy of every G-589.	\times				
	 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. 	\boxtimes			Detainee funds are logged and deposited in a safe. Sealed and labeled envelopes were observed. Sealed property envelopes were (b)(7)e	
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	X				
22.	Staff secure every container used to store property with a tamper-proof numbered strap.	\boxtimes			Each plastic container was sealed with a numbered red nylon band.	

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 handled only by the ICE Field Office or Sub-Office in c						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	\boxtimes					
 In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit. 	\boxtimes			The DOS conducts a weekly audit of bags and numbers from the security tie straps.		
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.	\boxtimes					
 The facility positively identifies every detainee being released or transferred. 	\boxtimes			Detainee identification is verified by photo and fingerprint record.		
 Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed. 	\boxtimes			Interviews with ICE staff indicated the DOS is informed of lost/damaged property, who ensures an investigation is conducted and files a property claim report.		
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A- file, retaining a copy in the detainee's detention file.	\boxtimes					
PART 2 - 8. FUNDS AND	PERS	ONAL PRO	OPER'	TY		
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

Admission procedures were observed and reviewed. Appropriate monitoring and verification procedures have been implemented. Documentation of detainee funds and property and the record keeping processes were noted. Detainees are provided a receipt for property confiscated. Property is audited by security and ICE staff weekly and quarterly. Investigations are conducted for claims of lost or damaged property and are noted in ICE logs.

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.

further processi	ng. The maximum aggregate time an indi	vidual m	ay be cont	ined ir	n a facility's Hold Room is 12 hours.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The hold resecure pering	oom is situated in a location within the meter.	\boxtimes			The hold rooms are located in the intake area which is within the secure perimeter.
	rooms are clean, in good repair, well well lit, and all activating switches located room.	\boxtimes			All rooms appeared clean and in good repair. Light switches were located behind the officer's desk.
	ooms contain sufficient seating for the letainees held.	\boxtimes			A variety of holding capacities exist from three to 42 detainees.
	cots/beds or other related make shift paratuses are permitted inside hold rooms.	\boxtimes			
5. Hold room v resistant.	walls and ceilings are escape and tamper	\boxtimes			
6. Detainees a hours.	are not held in hold rooms for more than 12		⊠		Upon a detainee's placement in the room the time is logged and if they approach the time constrictions, supervisors are notified. In the last 12 months there were 35 held more than 12 hours according to the outcome measures report.
7. Male and fe other at all t	males detainees are segregated from each imes.	\boxtimes			
items such a	are provided with basic personal hygiene as water, soap, toilet paper, cups for water, giene items, diapers and wipes.	\boxtimes			
officer is pos	oom is not equipped with toilet facilities, an sted within visual or audible range to allow ccess to such on a regular basis.			\boxtimes	All hold rooms are equipped with toilet facilities.
	es are given a pat down search for r contraband before being placed in the				This process was visually observed.
room is insp Cleanin Evidence window reported action o	ce of tampering with doors, locks, s, grills, plumbing or electrical fixtures is d to the shift supervisor for corrective or repair.				An officer inspects the room prior to a detainee's placement. The laundry crew reports four times a day to change out clothing and clean the empty holding cells.
There is a did the hold records.	DRY) There is a written evacuation plan. esignated officer to remove detainees from ooms in case of fire and/or building or other emergency.				Visually inspected the postings of evacuation routes (three routes) and discussed the process with (b)(7)e officers; all had appropriate responses. Drills are held weekly, per Policy EPC-PBNDS 10-09.

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
 An appropriate emergency service is called immediately upon a determination that a medical emergency exists. 	\boxtimes			Staff contacts control who notifies medical for response.		
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	\boxtimes			There are no single occupant hold rooms. Three-occupant cells are used for single occupant situations.		
15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.				This facility was designed in 1996; however, the facility is compliant with ADA.		
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			\boxtimes	The facility was designed prior to 1998 (1996) and does not have floor drains.		
 In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard. 			\boxtimes	The facility was designed prior to 1998; however, is compliant.		
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.			\boxtimes	The facility does not house family units.		
 Minors (under 18) are confined apart from adults, except for immediate relatives or guardians. 			\boxtimes	Juveniles are not housed at this facility.		
20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard.	\boxtimes			This inspector visually inspected the log, which includes: time in/out; meals; gender; age; nationality; special comments; disposition; and so forth. Form EPC-PBNDS 0076 is used to document this information.		

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	
 21. 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 	×			Verified that meal service is entered into the logbook. If a detainee has been prescribed a special diet, one is provided. Observed culinary preparation and the loading of meals for delivery to the hold cells. Juveniles are not held in this facility.	
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes			Medical staff is notified and the detainee is evaluated. If a medical condition exists, the detainee is moved into the infirmary.	
23. The maximum occupancy for the hold room will be posted.	\boxtimes			Visual inspection noted all occupancy is posted above the hold room doors.	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	\boxtimes			The intake process was observed.	
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			This is a smoke-free facility.	
 26. 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 DETENTION FACILITIES					

PART 2 - 9 HOLD ROOMS IN DETENTION FACILITIES

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

It was determined the facility is in compliance with this standard based on: observations; interviews with a number of staff; and a review of policies, procedures, post orders, posted materials and log books in the intake center. Family units and juveniles are not housed at this facility.

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.

mail	maintained.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			Policy EPC-PBNDS 110-10, Section B-2, addresses key and lock control. In the past this responsibility was assigned to an ICE officer; however, it was recently reassigned to a maintenance employee. The maintenance employee received three weeks' training at the Arizona School of Locksmiths and received certification.		
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			This is addressed in Section B-1 of the policy.		
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes					
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	×			This requirement is addressed in Section C-1 of the policy and inventories were reviewed in the office of the Key Control Officer.		
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	⊠			Section 5 of the policy identifies specific time frames for maintenance of locks and gates. Files documenting compliance were reviewed in the office of the Key Control Officer.		
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Section C-2 of the policy addresses the issue of compromised key and locks.		
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	×			Section C-3 provides for compliance and contains a combination change schedule. (b)(7)e		
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			Section 4, Bullet 1, addresses the policy regarding this issue.		
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes					
10.	The facility does not use grand master keying systems.	\boxtimes			There is a provision in facility procedures for grand master keying; however, there was no grand master system in use.		

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.

maintained.					
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			This is addressed in Section 2, Bullet 2, of the policy and was verified by the Key Control Officer.
12.	Padlocks and/or chains are not used on cell doors.	\times			
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. 				
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	X			The key system and operational keyboard are located in (b)(7)e
15.	Procedures in place to ensure that key rings are:IdentifiableNumbers of keys on the ring are cited?	\boxtimes			Rings were inspected and found to be sealed with the number of keys on the ring cited, and the keys were identifiable.
	Keys cannot be removed from issued key rings				identifiable.
	Emergency keys are available for all areas of the facility.	\boxtimes			Emergency keys are located in a (b)(7)e
	The facility uses a key accountability system.	\boxtimes			
18.	Authorization is necessary to issue any restricted key.	\boxtimes			Section E-2 of the policy contains proper procedures and approval is obtained from the AFOD.
	 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	×			Section F of the policy addresses this requirement and the gun lockers were visually inspected.
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Section E-5 indicated keys are to be counted by the Control 2 officer each midnight shift and the inventory is turned into the Key Control Officer who maintains a file. The file was inspected and found to be up-to-date.

PART 2 – 10. KEY AND LOCK CONTROL					
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.					
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
 21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	⊠			Section 2A of the policy addresses this training and the Key Control Officer verified he conducts the Key Control portion of the staff training at each academy.	
 Locks and locking devices are continually inspected, maintained, and inventoried. 	\boxtimes			These inspections and inventories are mandated by Sections 5 and 6, and E1 and E4 of the policy. The key control officer maintains inventories. The inventories were reviewed in his office.	
 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			Section II A and E-7 of the policy prohibits the splitting of key rings.	
PART 2 – 10. KEY A	ND LO	CK CONTI	ROL		
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					
Remarks: (Record significant facts, observations, other sources used. etc.) The facility meets the requirements of this standard. The facility uses the (b)(7)e for accountability of most of the assigned keys and a chit system for some of the larger sets of security keys. All inventories were observed and numerous key rings were checked to ensure they were properly sealed, inventoried and identified. Until recently, an ICE officer was assigned as the key control officer. Approximately two months ago a maintenance staff member was designated as the Key Control Officer and he has attended appropriate locksmith training.					

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 syst					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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.				Formal counts are conducted six times a day at: 12:30 AM; 3 AM; 5 AM; 10 AM; 3 PM; and 10 PM. A face-to-photo count is conducted at the 10 PM count. A 10 AM count was observed in the intake area and a 3 PM count was also observed; both were conducted without any problems noted.	
Activities cease or are strictly controlled while a formal count is being conducted.				Activities are restricted 10 minutes prior to count and cease at count time.	
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 review team members observed different areas of the institution simultaneously during the 3 PM count.	
Officers do not allow detainee participation in the count.					
A face-to-photo count follows each unsuccessful recount.				Section 2A 5-9 of the policy provides for this procedure.	
Officers positively identify each detainee before counting him/her as present.				This was observed during an actual count.	
Written procedures cover informal and emergency counts.				Section C and Section E respectively address these issues.	
 The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility. 				Section D of the policy indicates the control officer is to maintain the out-count.	
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.					
PART 2 – 11. POP	ULATIC	ON COUNT	ſS		
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Based upon a review of count procedures and observation of two separate counts, it was determined the facility is in compliance with this standard. Both the booking area officer and the control officer maintain count totals. The control officer attaches physical count slips to the count reconciliation for the supervisor to review and file.

PART 2 – 12. POST ORDERS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Every fixed post has a set of Post Orders.	\boxtimes			The Post Orders Manual, dated 2011, was reviewed and actual posts were spot checked for compliance.
	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	\boxtimes			The six-part format is outlined in Policy EPC-PBNDS 10-12, Section II B-D (Format).
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes			
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			This is the responsibility of the SDDO.
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes			The current set is dated 2011 and all specific post orders had unique 2011 dates of revision noted and signed.
6.	The facility administrator authorizes all Post Order changes.	\boxtimes			The AFOD is responsible for this process.
7.	The facility administrator has signed and dated the last page of every section.	\boxtimes			The FOD's initials and/or signature were observed on every page.
8.	A Post Orders master file is available to all staff.	\times			The master file was reviewed.
	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.	\boxtimes			Post orders at various posts were inspected.
11.	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes			
12.	In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	\boxtimes			
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes			Section II-F addresses this requirement.
14.	Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	\boxtimes			These provisions are codified in the policy (Section II F and the General Post Order Section U).
	Post Orders for armed posts provide instructions for escape attempts.	\boxtimes			

PART 2 – 12. POST ORDERS					
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
The Post Orders for housing units track the daily event schedule.	\boxtimes				
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	\boxtimes			This activity was observed in several units during a tour and follow-up inspections.	
PART 2 – 12. F	POST C	RDERS			
Remarks: (Record significant facts, observations, other sources used, etc.) Based upon a review of the policies, procedures and post orders, it was determined the facility meets the requirements of this standard. (b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date					

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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.

- 001	ntrolling, and properly disposing of contraband.				
	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.	×			EPC-PBNDS 11-13 and the Post Orders for most of the housing units and fixed posts address this issue.
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			Policy 13, Section II-A (Bullet 4) requires this.
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			Policy 13, Section II-A (Bullet 5) requires this.
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			Policy 13 Section II-A (Bullet 6) requires this.
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes			Section II-A and General Post Order, Section II-9, addresses this.
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.	\boxtimes			Section II-A outlines this procedure. Any strip search must be approved by the AFOD and a Form G-1025 must be completed. A G-1025 Form was reviewed. General Post Order 3-9 precludes contract officers from conducting strip searches. There were no strip searches conducted during the past 12 months.
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.	\boxtimes			Section II-3 (Bullet 1) requires the AFOD approve body cavity searches in accordance with policy and procedures.
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	×			Section II-E (1) requires the approval of the AFOD, AFOD designee or SIEA.
9.	violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	\boxtimes			Section II-H requires compliance with this component and form G-1025 is used to document searches of a person (body) and a Form 0111 are used to document searches of property and facility locations. A Form 0172 is used as a receipt for seized property as evidence. These forms were reviewed.
10	. Canines are not used in the presence of detainees	\times			Canines are not used at this facility.

PART 2 – 13. SEARCHES OF DETAINEES						
	⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding		
Based upon a was determined searches commost of the	a review of policies, proce ned this facility is in comp ducted during the past 12 complaints are regarded as	liance with this standard. Canines a	nentation form re not used at t se assault prev	nats, as well as interviews with staff, it this facility and there have been no strip vention and intervention files indicated the complaints were sustained.		

PART 2– 14. SEXUAL ABUSE AND ASSA					
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	

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
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			Policy EPC-PBNDS 11-14 and Section 44 of the detainee handbook address this issue.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The policy was signed by the AFOD on 08-26-11 and by the FOD on 08-31-11.
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			Two years of statistics and reports were reviewed.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			This training requirement is addressed in Section II-E of the policy and the yearly training was confirmed with the Program Coordinator.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			Section 44 of the detainee handbook includes this information and detainees are verbally instructed during intake (via video). There is also a brochure (provided by the Program Coordinator) that was reviewed.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			These postings were visually verified in the housing units.
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			The brochure was reviewed with the Program Coordinator and it is reproduced in the detainee handbook.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			In addition to the general policy/procedure noted above, there is a medical/mental health Policy 15.17 which addresses this topic.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			Two separate files are maintained in addition to a statistical summary file. All three files were reviewed.
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			Documentation was reviewed in the Program Coordinator's office. There were four complaints in 2011.
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			Section II-E (1) and (2) of the policy address this issue.
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.	\boxtimes			Investigative files and referrals were reviewed.

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	V/N	Remarks	
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			All notifications are contained within the individual files.	
 Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence. 	\boxtimes				
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			The Program Coordinator was appointed pursuant to a memo dated 10-05-10. All 2011 records were reviewed with the Program Coordinator.	
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION					
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

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

Based upon a review of procedures and files and an interview with the Program Coordinator, it was determined the facility is in compliance with this standard. There were no confirmed sexual assault incidents during the last 12 months; however, there are currently four incidents under investigation for 2011. Most cases reported were related to staff "pat searches" rather than physical assaults. In each case, medical staff examined the detainee as observed by this inspector in the file documentation.

(b)(6) (b)(7)(c) September 22, 2011
Reviewer's Signature / Date

Sei	Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	V/A	Remarks			
1.	Written policy and procedures are in place for special management units.	\boxtimes			Addressed in Policy EPC-PBNDS 11-15 signed by the AFOD on 07- 25-11.			
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes			This is required by Section II-C of the policy and a Form I-886 must accompany their placement in the unit. Four detainees were housed 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.	\boxtimes			Section II-A requires this documentation.			
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			Medical staff are required to sign the segregation intake Form I-886 prior to a detainee's admittance into administrative segregation or an I-885 prior to disciplinary segregation. Medical Local Procedure 8.7 mandates that medical staff will review each placement in segregation prior to transfer into the units. Files were reviewed for both administrative and disciplinary segregation and medical staff had indicated approval prior to transfer into the units in each case.			
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.	⊠			Administrative segregation has seven cells that can be double bunked. There were only four detainees single-bunked in the unit at the time of the review. Disciplinary segregation has eight cells (two padded) and there were four detainees housed in this unit at the time of the review. Only single bunking is allowed.			

Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks			
 Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times. 	\boxtimes			Empty cells were visually inspected for compliance.			
 Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit. 	\boxtimes			The logbooks were inspected and staff visits were reviewed. Supervisors sign entries into the unit logbook in red ink. Medical visits and phone checks were noted.			
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.	\boxtimes						
 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. 	\boxtimes			The logbook was signed and inspected in both units.			
 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. 				This record is mandated within Section E-3 and reviewed to ensure the adequacy of information logged into the unit record. Health care providers also sign each individual detainee's record and the medical logbook in each unit. This process was observed during "pill call" conducted by one of the medical staff.			

009	degregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks			
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.	\boxtimes			Section E-3 (Bullet 4) describes this process.			
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.	\boxtimes						
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	\boxtimes						
15.	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).				One detainee was observed watching television in the recreation room during the inspection.			
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			These irregular observations are logged into the unit log and reviewed by this inspector to ensure adherence to the standard.			
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			Supervisors log into the unit in red ink and tours of the unit were properly recorded.			
18.	The facility administrator (or designee) visits each SMU daily.	\boxtimes			Section B-8 requires these visits.			
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	×			Section B-9 requires these visits. During an inspection of the disciplinary segregation SMU, pill call was observed and the process of signing into the medical log book, unit log book and individual files was reviewed. Generally, there are three visits per day: one medical staff member picks up sick call requests; one completes pill call; and one checks on the detainee's health and welfare.			

Segregation section for detainees segregated for disciplin	ary reas	sons.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu. 	\boxtimes			The unit logbook documents meals, detainees who refuse meals and the percentage of food eaten.
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			
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			Section B-11 (Bullet 2) identifies these requirements.
23. Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes			
24. Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes			Section B-13 requires this documentation should a visit be restricted or disallowed.
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			
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.	\boxtimes			Section B-13 (Bullet 2) prohibits participation in general visitation while in restraints.
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes			
28. 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.	\boxtimes			
 In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit. 	\boxtimes			

	3 3 1				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			
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.	\boxtimes			
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			
33.	Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes			
34.	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	\boxtimes			Detainees submit a written request and are escorted to the law library at times when the general population is not using the law library.
35.	possible and always within 24 hours of a detainee's request. Detainees in Administrative Segregation or				
	Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	\boxtimes			
36.	Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.				In most instances the detainee is escorted to the law library.
	 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. 	\boxtimes			Staff does not recall any instance of denial.
38.	Recreation for detainees in the SMU is separate from the general population.	\boxtimes			Detainee recreation was observed as being separate from the general population.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	\boxtimes			
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.				This was discussed with unit staff and noted in the unit log.
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.	⊠			
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.	\boxtimes			Section B-19 (Bullet 2) requires this review.
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.				Section B-19 (Bullet 2) reduces this number to any denial of recreation for more than seven days.

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.	\boxtimes			A rolling phone was observed and detainees may also use the phones during recreation. The operational capability of the phone is checked daily by unit staff and then twice weekly by supervisory staff.
45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)	\boxtimes			A Form I-886 (entitled Reasons for Placement in Administrative Segregation) is utilized per policy and procedures. Each file was reviewed and verified for compliance.

OCĘ	Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. 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. 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.	\boxtimes			Section C-3 provides for a Form I-885, entitled Review of Detainee Status in Administrative Segregation. There were four detainees in the SMU and a review of the files indicated that three of the four required review and the reviews were conducted within the proper time frames.		
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.	\boxtimes			Section C-3 (Bullet 5) outlines the conditions and process for an appeal.		
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					
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					

Sei	Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	V/N	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					
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					
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			A review of all four detainee files indicated the proper forms and signatures were present in the files.		
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					
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			All files were reviewed and I-883 Forms were included in the file and properly documented.		

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		
 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. 				All files were reviewed and in every case involving a detainee being in disciplinary segregation for over seven days, an I-887 Form was completed. For each seven-day period beyond that initial period of detention, a properly completed I-887 Form was in the file.		
PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS			

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

It was determined that both administrative and disciplinary segregation were in compliance with this standard based upon: a review of policies, procedures, post orders, medical procedures and detainee files; and two unit inspections.

(b)(6) (b)(7)(c) September 22, 2011
Reviewer's Signature / Date

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.

Inspector General.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	X			Visits are conducted and documented appropriately.		
Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes					
Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			Postings were noted in all housing units.		
Visiting ICE staff observe and note current climate and conditions of confinement.	\boxtimes			COTRs and other ICE staff are in all areas of the facility on a daily basis.		
ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	\boxtimes			Forms are readily available and in use by detainees.		
The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes					
 A secure box is located in an accessible location for detainee's to place their Detainee Request Forms. 	\boxtimes					
Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			Mail boxes are only accessed by ICE staff.		
 ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log. 	\boxtimes			Logs reviewed with various staff indicated compliance.		
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 ICE National Detainee Handbook contains the required notification.		
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	\boxtimes					
12. Daily telephone serviceability checks are documented in the housing unit logbook.	\boxtimes			Housing area detention officers check the phones routinely.		
PART 2 – 16. STAFF-DET	AINEE	COMMUN	ICATI	ON		
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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

The facility provides exceptional detainee access to both informal and formal contact with staff at all levels. The presence of ICE staff on a daily basis greatly reduces the concerns of detainees. The facility meets the requirements of this standard.

(b)(6) (b)(7)(c)/ September 22, 2011 Reviewer's Signature / Date

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
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The Maintenance Supervisor is responsible for tool control as provided in Policy EPC-PBNDS 11-17.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			The maintenance office and warehouse are located outside the secure perimeter and that department receives all tool deliveries.
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			Policy EPC-PBNDS 17-11 addresses the various procedures for key control, medical, culinary and so forth. Policies were reviewed and areas using tools were inspected for compliance.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	\boxtimes			This was observed in the inspection of three shadow boards, the maintenance shop, food service and the key control boards.
5.	Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory	\boxtimes			Inventories were reviewed. The medical department has a shadow board, the dental area uses a locked cabinet and food service has several shadow boards in a locked room with locked cabinets. Some tools have tethers. All have inventories and logbooks or files to note usage and inventory. Historical files of inventories were reviewed in the maintenance office.
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			These inventories were observed. In the case of toolboxes and tool kits, the inventories are located inside the boxes and kits.
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. 	\boxtimes			Various inventory schedules include daily, weekly, quarterly and yearly inventories. Completed inventories were inspected.

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
•	The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous).	\boxtimes			In addition to the tool classification system policy, the classification for each tool is listed on the inventory sheets.
ļ ļ	Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			Individual department head's reports and signatures were reviewed.
t	here are policies and procedures in place to ensure hat all tools are properly marked and readily dentifiable.	\boxtimes			
	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.	⊠			Shadow boards were inspected and they were in compliance with this component. Chits were in place for tools that had been issued.
	ools removed from service have their shadows removed from shadow boards.	\boxtimes			
	ools not adaptable to a shadow board are stored in a ocked drawer or cabinet.	\boxtimes			
14. S	sterile packs are stored under lock and key.	\boxtimes			
	each facility has procedures for the issuance of tools o staff and detainees.	\boxtimes			
i	There are policies and procedures to address the ssue 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.	\boxtimes			A quarterly evaluation of lost tools is conducted and documented. The historical files were reviewed.
	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			Random samples of reports and disposition were reviewed.

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	
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			Completed inventory sheets filed in the maintenance office were reviewed.	
 Hoses longer than three feet in length are classified as a restricted tool. 	\boxtimes			There are seven hoses total, including one assigned to the Mess Hall and they are listed as restricted tools and properly accounted.	
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	\boxtimes				
PART 2-17. TOOL CONTROL					
	andard	□ N/A		☐Repeat Finding	

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

Rosemark is a private contractor that conducts most of the maintenance/construction in the facility. Rosemark staff enters the facility with their tools each day and there is an inventory checked upon entering and exiting the facility. The log is forwarded to the Maintenance Supervisor for review and filing. There were no incidents involving missing or lost maintenance tools during the last 12 months. There were also no incidents in the food service area and/or medical area involving knives, sharps or medical instruments. Based on observations and a review of policy, post orders, logs and staff interviews, it was determined the facility is in compliance with this standard.

(b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date

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.

ļ	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.				Policy EPC-PBNDS 11-18 is the policy which guides the use of force (UOF) for this facility.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			Section II-H authorizes staff to respond in an immediate UOF situation without a supervisor's presence or direction.
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	\boxtimes			Section I and II generally address this issue; however, Section II-I specifically requires staff to attempt to resolve the situation without resorting to force.
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			Section II-A (Bullet 3) addresses this issue.
5.	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			Section II-1 describes Confrontation Avoidance Procedures.
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.	\boxtimes			Section II-I (3), plus Section II-B, addresses the UOF team technique. The contractor has a team on each shift.
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			Training occurs at the academy and is required on a yearly basis as part of ongoing training.
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			UOF situations are documented on a Form 0045 as revealed by a random review of files.
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.	\boxtimes			Several files were randomly reviewed and medical reports were attached in each instance. During all calculated UOF a video recording is required and medical staff would be present according to Section II-I (1&2). None of the staff interviewed recalled any cell extractions or calculated UOF in the last year.

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property damage, or to maintain the security and orderly of	Peration	Tor the lat	Jility.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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. 	\boxtimes			Section II-A (overview) prescribes this policy.
 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. 	\boxtimes			Although there is a policy, staff indicated that medical restraint is not used in this facility.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			Policy EPC-PBNDS 11-18, Section II-I (3), provides written procedures for preventing injury or exposure to communicable diseases.
 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.	\boxtimes	П		(b)(7)e
He/she allows the detainee to use the restroom at these times under safeguards.				· ///
15. All detainee checks are logged.	\boxtimes			
In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes			This is reflected in Section II-H and actual random forms were reviewed and found to be in compliance.

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	Y/N	Remarks
 17. When the Facility Administrator authorizes use of non-lethal weapons: Medical staff are consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	×			No use of non-lethal weapons was noted in the last year; however, staff would contact medical staff prior to use as noted in Section II-G (3). Chemical agents are not allowed to enter or be used in the institution, unless specifically approved by the FOD.
 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			
 If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. 	\boxtimes			
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted	\boxtimes			Section II-F requires medical consultation.
21. Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes			
22. Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes			The Form 0045 is used and was reviewed.
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			Policy requires the AFOD to review every UOF.
 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			This is conducted during academy training and yearly refresher training.
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	\boxtimes			(b)(7)e
26. The use of canines is restricted to contraband detection purposes only.				This facility does not utilize canines.
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			

PART 2 – 18. USE OF FO	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	
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			A Form 0045 was reviewed and is in use at this facility to document any UOF situation.	
PART 2 – 18. USE OF FO	ORCE A	AND REST	RAIN	TS	
	andard	□ N/A	١	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Canines, (b)(7)e are not approved for use by contract security staff at this facility. ICE staff is trained on the use of chemical agents (OC) and use is approved in the emergency procedure manual for specific situations approved by the FOD. UOF forms are reviewed and approved by the shift commander prior to the end of the shift. Based on interviews, a review of policy, procedures and a random selection of UOF files, it was determined the facility is in compliance with this standard. (b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date					

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.

	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			Policy ELP-PBNDS 11-19, dated 07-25-11, implements this type of disciplinary system.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			Section II-A (3) of the policy specifically addresses this issue.
3.	Written rules prohibit staff from imposing or permitting the following sanctions:				
	corporal punishment				
	deviations from normal food service				All of these issues are discussed in
	clothing deprivation				Section II-A (4) of the Policy. A
	bedding deprivation	\boxtimes			review of randomly-selected completed files supports
	denial of personal hygiene items				compliance with this policy
	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.	\boxtimes			This information is discussed verbally upon intake and provided in the ICE National Detainee Handbook in both English and Spanish.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:				This information is posted,
	Rights and Responsibilities				contained in policy and included in
	Prohibited Acts	\boxtimes		Handbook (Section	the ICE National Detainee Handbook (Section 31 as well as
	Disciplinary Severity Scale				sanctions listed on pages 26-2
	• Sanctions				
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	×			Informal resolutions are discussed in the detainee handbook and in facility policy. The annual report indicated 59 instances where disciplinary action was resolved informally.
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes			Policy requires disciplinary reports to be forwarded to the designated supervisor by the end of the shift. Random files were reviewed which confirmed compliance.

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	N/A	Remarks	
 Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end. 	\boxtimes				
An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			An Institutional Disciplinary Panel (IDP) has been codified to handle lower level infractions pursuant to Section II-F of the policy.	
 10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC Considers written reports, statements, physical evidence, and oral testimony Hears pleadings by detainee and staff representative Bases its findings on the preponderance of evidence Imposes only authorized sanctions 	\boxtimes			Sample files were reviewed for compliance.	
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. 	\boxtimes				
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.	\boxtimes			Section II-K of the policy states the maximum time in disciplinary segregation shall not "generally" exceed 60 days and staff verified that is the case. A random review of files verified detainees are not confined to segregation more than 60 days.	
14. Written procedures govern the handling of confidential- source information. Procedures include criteria for recognizing "substantial evidence".	\boxtimes				
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes			Verified through a random review of sample files.	
PART 3 – 19. DISC	IPLINA	RY SYSTE	EM		
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

Random files were reviewed to verify adherence to policies and procedures. Whenever a detainee is placed in any type of restraints, a UOF form is completed and medical staff examines the detainee. This information is documented and made part of the permanent file. Based on a review of written policy and procedures, interviews with staff and an inspection of random files, it was determined the facility is in compliance with this standard.

(b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date

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

1111	in a sanitary and nyglenic food service operation.							
	Components	Meets Standard	Does Not Meet Standard	W/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 an ICE COTR who has 20 years military food service experience. In addition, he has twenty 20 years experience in correctional food service and is ACA food service and ServSafe certified.			
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes						
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	\boxtimes			Detainee-specific food service management training is provided to staff.			
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			Knife cabinets are stainless steel with locking doors, glass windows and tools are shadow boarded. Metal utensils are secured in a locked room and visible through plate glass. Access to keys is limited to management staff.			
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			Knives are used only in the secure cutting room adjacent to the knife storage cabinet room. Knives are used under staff supervision.			
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.			\boxtimes	Food items, which may pose a threat, have been eliminated from the kitchen inventory.			
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes						
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	\boxtimes			Food service staff is trained on count procedures; however, security staff conduct the counts.			
9.	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.	⊠			Personal protective equipment is maintained and used by kitchen staff. Gloves and goggles were observed during kitchen operations. Kitchen staff monitors health and cleanliness of detainee workers. On the date of inspection detainee workers were wearing clean, white temperature-appropriate clothing.			
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes						

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			Kitchen rules and procedures were reviewed.
 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. 	×			Detainee workers are trained in safety protocols on kitchen equipment and sign rosters indicating they have received training. Training includes the handling of hazardous and toxic materials.
 The Cook Foreman documents all training in individual detainee detention files. 	\boxtimes			
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.	\boxtimes			Detainees are paid \$1 per day, which is consistent with state and local requirements.
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			Detainees are served three hot meals per day.
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	\boxtimes			A sneeze guard is in place to protect the food on the serving line.
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	\boxtimes			A registered dietician conducts inspections every six months, with the last one being conducted on 04-16-11. Diet menus including Kosher, Halal, common fare and therapeutic were approved.
 The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes. 	\boxtimes			
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 	\boxtimes			Substitutions are reflected in the kitchen activity log.
21. All staff and volunteers know and adhere to written "food preparation" procedures.	⊠			

in a sanitary and hygienic food service operation.							
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks			
 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 be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provide hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 	\boxtimes			Changes to the common fare menu may be made as determined by food service staff, followed by appropriate administrative notification. Hot entrees are served three times per day on the common fare menu. The registered dietician has approved the common fare menu. Hot water is available for instant meals/beverages. Common fare meals are served in the dining room on disposable plates and meals served in segregation and health care are served on plastic reusable trays. Eating utensils are plastic sporks. Separate cutting boards, knives and spoons are used to prepare common fare meals.			
 Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA. 	\boxtimes			Requests for religious meals are reviewed by the Chaplain and health care staff.			
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	\boxtimes						
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	X			A schedule of annual ceremonial meals for various religions was noted.			
 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. 	\boxtimes			Fasting requirements and Halal diets were provided for Ramadan. Kosher meals are provided to all Jewish detainees during Passover. Meatless meals are provided on Ash Wednesday and a fish/seafood entrée is served on Fridays during Lent.			
27. The food service program addresses medical diets.	\boxtimes			Requirements for therapeutic diets are provided by medical staff.			
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes						

29. Hot and cold foods are maintained at the prescribed, safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	in a sanitary and hygienic food service operation.				
"safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
31. Food is not used to punish or reward detainees based upon behavior. 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; Training is provided to detainees on the bulleted topics identified in this component. Appropriate food safety and sanitation requirements complies with food safety and sanitation requirements. Appropriate food safety and sanitation requirements complies with food safety and sanitation procedures were observed on the dates of the inspection. Appropriate food safety and sanitation procedures were observed on the dates of the inspection. Appropriate food safety and sanitation procedures were observed on the dates of the inspection. Writen procedures were observed on the dates of the inspection. Writen procedures were observed on the dates of the inspection. Writen procedures require inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. 35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed. 36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all idishwashing machines after each meal, in accordance with the Detention Standard on Food Service. 37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature were noish as an at 142°F; rinse at 188°F; and sanitize at 179°F. Treezer temperatures were recorded at 38°F or less. Refrigerator temperatures were recorded at 0°F or less. Refrigerator temperatures were recorded at 10°F or less. Refriger	"safe" temperature(s) as served. See Detention				measured at 150-170°F. No cold foods were being served during the
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refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	checking and documenting temperatures of all dishwashing machines after each meal, in accordance	×			dishwasher temperatures are recorded and were reviewed. Dishwasher temperatures were noted as follows: wash at 142°F; rinse at 188°F; and sanitize at
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shipments for damage, contamination, and pest infestation. 40. Storage areas are locked when not in use.		\boxtimes			
41. Food service personnel conduct shakedowns along Shakedown logs were observed	shipments for damage, contamination, and pest				
	40. Storage areas are locked when not in use.	\boxtimes			
with determining the inspection.	41. Food service personnel conduct shakedowns along with detention staff.	\boxtimes			Shakedown logs were observed during the inspection.

in a sanitary and hygienic food service operation.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	\boxtimes			ICE officers were present in the dining room during the inspection.			
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes			A registered dietician has certified the menus.			
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			A quarterly cost estimate matrix was provided for each diet. Daily meal expense ranged from \$10 to \$24.			
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes			Food boxes are purchased and are delivered to the facility from the vendor fully prepared and sealed.			
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	\boxtimes						
 Staff comply with the ICE requirements for "food receipt and storage. 	\boxtimes						
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	\boxtimes			Inventories are monitored on Mondays, Wednesdays and Fridays and are adjusted, if necessary.			
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	×			Storerooms, refrigerators and freezers were inspected. Each area was found to be clean and free of debris and evidence of pests. Storage areas were organized according to product type and boxes were stored at least eight inches off the floor.			
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						
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.				Personnel from the Ft. Bliss Army Base, adjacent to the facility, conduct annual inspections. The most recent inspection was conducted 01-20-11 pursuant to regulations established by the U.S. Food and Drug Administration (FDA) and other federal agencies. The inspection included requirements established by the TB MED 530 Manual, which incorporates codes from the federal agencies cited above.			

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	V/N	Remarks		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes					
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.	\boxtimes			Appropriate cleaning materials were stored and secured in the kitchen. MSDS sheets and inventories were maintained.		
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			Food service maintains a contract with ECOLAB to provide monthly inspections and proactive interventions against insects, pests and vermin.		
FOOD SERVICE						
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

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

Kitchen operations and the lunch meal were observed on the date of inspection. Kitchen staff and detainee workers wore appropriate clean clothes with sanitary plastic gloves and hairnets. The kitchen and storage areas were clean and well organized. No evidence of vermin or pests was noted. Hoods with fire suppression systems had been installed over grills and fryers. Stock inventories are reviewed three times per week. Foods were maintained and served at appropriate temperatures. The meal served included BBQ chicken, mixed vegetables, French fries, a roll and a slice of apple pie. The servings were aromatic and palatable. Few grievances were filed regarding meals served at the facility.

(b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date

PART 4 - 21. HUNGER STRIKES

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

treating any detainee who is on a hunger strike.							
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.	\boxtimes			The referral of a detainee that has not eaten in 72 hours is mandated by Policy 11-21 (Hunger Strikes). This practice was confirmed by record review.			
Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			The notification to ICE regarding any detainee hunger striker is required in the policy. ICE representatives are present in the facility at all times.			
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Policy outlines procedures for staff to respond to a hunger strike.			
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			The facility policy requires hunger strikers to be isolated from other detainees.			
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			Policy authorizes medical staff to place a hunger-striking detainee in the SMU or a locked hospital room.			
Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			The daily recording of weight and vital signs of a hunger striker by medical staff is required by facility policy.			
7. The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			Policy directs that consent be obtained before treatment of a hunger striker.			
 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			Policy requires a signed refusal form whenever a detainee refuses offered health care.			
 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			Local policy directs three meals per day be provided to hunger strikers. These meal offerings are documented in multiple locations including the medical record.			
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	\boxtimes			In accordance with local policy, staff maintains a hunger striker's supply of drinking water or other beverages.			
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			Policy directs staff to remove all food items from a hunger striker's living area.			

PART 4 – 21. HUNGER STRIKES						
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent. 	\boxtimes			Pursuant to facility policy, healthcare staff records the hunger striker's fluid and food intake on appropriate medical forms.		
The medical staff have written procedures for treating hunger strikers.	\boxtimes			National policies from the IHSC provide medical staff with procedures 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.	\boxtimes			As directed in facility policy, healthcare staff document all education and treatment efforts regarding hunger strikers in the 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.	\boxtimes			In compliance with facility policy, all staff is trained during orientation and annually regarding the expected response to hunger strikes. Healthcare staff receives additional training on this subject during their annual in-service training.		
PART 4 – 21. HUNGER STRIKES						
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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

Existing facility policies regarding the management of detainee hunger strikes are detailed and they provide staff with adequate procedures to respond to hunger strikes. Available administrative and medical records regarding two recent hunger strike incidents were reviewed. This involved a six-day hunger strike (beyond 72 hours) that began on 09-07-10 and a two-day hunger strike that began on 11-11-10. In both cases, records revealed all aspects of policy (e.g., identification, referral, isolation, monitoring) were followed as described in the standard.

(b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date

pre	prevention and nealth education, so that their nealth care needs are met in a timely and eπicient manner.						
	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			In accordance with Policy 11-21 (Medical Care), all clinical healthcare services are delivered by appropriately-licensed professional staff. They are members of the U.S. Public Health Services, Immigration Health Services Corps (IHSC) or are contracted by that agency.		
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			Pursuant to facility policy, nursing staff (using a standard screening form) perform intake medical screening.		
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	\boxtimes			The current approved staffing plan for essential clinical staff positions was available and reviewed.		
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	\boxtimes			Pursuant to policy, newly-admitted detainees are informed on how to access health services via an orientation video and the detainee handbook.		
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			In accordance with policy, healthcare staff is present in the facility at all times and provide detainees access to emergency medical, dental and mental health services.		
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	\boxtimes			In compliance with Operating Procedure (OP) 4.14 (Employee Tuberculosis [TB] Tests), all new direct care staff receive initial and annual TB tests and are offered Hepatitis B immunizations.		
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.	\boxtimes			IHSC clinical staff is all appropriately credentialed, as confirmed by accreditation review by TJC and the NCCHC.		
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).	\boxtimes			Detainee handbooks are routinely distributed upon admittance and were noted to contain a description of necessary procedures for accessing healthcare services.		

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	V/N	Remarks		
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	\boxtimes			The facility has maintained accreditation by TJC and the NCCHC. Credentialing files were reviewed and found to be appropriate and current.		
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 	\boxtimes			Pursuant to facility policy, medical, dental and mental health intake screening is conducted on new detainees within 12 hours of arrival. This is accomplished by nursing staff.		
11.	officer's special training. (MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				When necessary, translation services are obtained by healthcare staff through contract with InterpreTalk, via telephone, in accordance with OP 3.40, entitled Interpretation/Translation Services.		
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			Pursuant to OP 3.22 (Clinic Space, Equipment and Supplies), the facility has a clinic area, which allows detainees privacy when receiving healthcare services.		
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The healthcare clinic area is a restricted access area within the security perimeter.		
14.	The medical facility entrance includes a holding/waiting room.	\boxtimes			Although there is no separate holding room, the clinic space includes an adequate waiting area for detainees.		
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The waiting area is under the direct supervision of several custody staff members.		
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			Detainees in the waiting area have access to a toilet and drinking fountain.		
17.	 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. 	\boxtimes			Policy 14 (Health Records) outlines appropriate procedures for managing detainee protected health information. At this facility, an electronic system is used to maintain and secure health records.		

Pic	prevention and health education, so that their health care needs are met in a timely and enicient manner.						
	Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			Pursuant to Policy 2.1.1 (Informed Consent), a signed and dated general consent form is obtained from all detainees during the intake process.		
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			In accordance with policy, detainee health records are not released to third parties without a proper release form signed by the detainee.		
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Healthcare staff indicated they receive adequate notice of detainee departures.		
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			In accordance with Policy 14.11 (Transfer of Health Records), a medical transfer summary is prepared and sent with all detainees being transferred to other facilities.		
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			Medical records being transferred are appropriately packaged in compliance with policy.		
23.	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			Medical intake screening includes a TB symptom screening and TB test (Chest X-ray), unless there is documentation of recent testing.		
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			Intake screening of detainees by nursing staff includes mental health screening prior to assignment to housing units.		
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			A registered nurse (RN) promptly reviews all intake screening forms to identify detainees needing medical attention. This appears to be redundant since the initial screening is performed by nursing staff; however, it is being done to satisfy the requirements of the ICE standards.		

prevention and health education, so that their health care needs are met in a timery and emicient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			In accordance with facility policy, healthcare staff conducts a health appraisal and physical examination on each detainee within 14 days of arrival. This practice was confirmed by record review which showed the examinations to generally be completed by the tenth day after arrival.	
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\boxtimes			Detainees in the SMU were found to have equal access to all essential healthcare services.	
28.	 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. 	×			Bilingual health services request slips are routinely available on all housing units. They are placed into locked boxes in the dining room, where the nursing staff collects them daily. Nurses pick up slips daily in the restricted movement units.	
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			Healthcare staff is present in the facility at all times. However, written procedures for obtaining emergency outside medical attention are contained in Policy 8.10 (Emergency Services).	
30.	The plan includes an on-call provider.	\boxtimes			The medical emergency plan includes an on-call provider.	
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			The medical emergency plan includes telephone numbers for ambulance and hospital services.	
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Facility policies, including Policy 3.19 (Emergency Transport), contain procedures for accessing care consistent with security and safety.	

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	\boxtimes			In accordance with Policy 3.14 (Health Related Training For Detention Officers), both custody and healthcare staff is trained and expected to act as first responders, within four minutes of a medical emergency. A review of training records confirmed this practice. Since healthcare staff is always present, first aid kits are not utilized at this facility.
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Custody staff does not distribute medication at this facility.
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	\boxtimes			Pursuant to both facility policies and ICE standards, medications were properly stored, dispensed and administered at this facility.
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. 	\boxtimes			All appropriate procedures regarding pharmaceutical services are contained in Policy 11, Pharmacy Operations.
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. 				Bulk pharmacy supplies are maintained in a properly secured area. Medication carts with dispensed medications for nursing administration are locked and secured within locked rooms when not in active use.

prevention and health education, so that their health care needs are met in a timely and enicient manner.						
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
 38. In SPCs and CDFs, the pharmacy has a locking pass-through window. 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. 	\boxtimes			The pharmacy area is appropriately managed under the supervision of a licensed pharmacist and pharmacy technician. The locked pass-through window is only used for issuing keep-on-person medication to detainees.		
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.	⊠			In accordance with local policies, all medication distributed by the pharmacy or nursing staff is properly documented by use of a standard Medication Administration Record (MAR).		
 40. 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. 	⊠			Healthcare staff distributes all medications.		
41. The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			\boxtimes	Custody staff does not distribute medication at this facility.		
42. The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			Pursuant to Policy 8.20, Communication of Special Needs, healthcare staff informs the facility administration regarding detainee special medical needs by use of IHSC Form 819.		

prev	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	Y/N	Remarks		
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			In accordance with Policy 2.7, Medical Requests by Outside Interests, procedures are in place to permit necessary independent medical examinations. In practice, due to IHSC concerns about credentials and accreditation, such exams occur outside of the facility.		
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 	\boxtimes			Policy 7.4, Infection Control, and the Infection Control Manual outline a suitable plan to manage infectious and communicable diseases. Media relations are addressed in other administrative policies; however, should be directly referenced in the Infection Control Plan. The facility was making this revision during this inspection.		
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Medically directed isolation of detainees with communicable diseases is addressed in the Infection Control Plan.		
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.				In accordance with local policy, all arriving detainees are to be screened and tested for TB (Chest X-ray) unless there is documentation of recent testing. A review of a sample of detainees' medical records confirmed this general practice. One case was noted where nursing staff accepted an old TB test in error. This error was detected later by a chart review and corrected.		
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			Three negative pressure isolation rooms are available in the medical area to manage suspected TB cases.		

P	remon and health education, so that their health care				
	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.	\boxtimes			Policy 3.19, Emergency Transport, outlines procedures to efficiently access outside medical care, when necessary.
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.	×			Sections of Policy 8, Short Stay Unit/Care of Chronic Conditions, directs the facility response to serious and ongoing detainee medical needs. The policy includes a medically-generated Treatment Plan for such cases.
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	\boxtimes			Pursuant to facility policy, a full range of pregnancy management services is available at this facility. A review of detainees' medical records confirmed the delivery of these services.
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	\boxtimes			In accordance with the "Care of Chronic Conditions" section of Policy 8, a full range of appropriate services are in place regarding the management of chronic health conditions.
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	\boxtimes			As noted in component #42 above, the healthcare staff provides written notification to the facility's administrator regarding any detainee special medical needs.
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			Pursuant to Policy 9, Dental, necessary dental services and emergency dental care are available. One full-time dentist and a full-time dental assistant provide this. Delivery of dental services was observed.
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.	\boxtimes			Pursuant to Policy 15, Mental Health, detainees with mental health problems are promptly referred to mental health staff and services are delivered. (b)(7)e Social Worker and (b)(7)e Psychiatrist are available. A record review confirmed this activity.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			Healthcare staff is available at all times for crisis intervention services and mental health staff is on-call as needed.
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			In accordance with Policy 2.1.2, Privacy of Care, services were observed being delivered in a manner that respected detainee privacy. Appropriate gender-based escorts are available.
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.	\boxtimes			Pursuant to local mental health policy, detainee referrals receive evaluation and treatment within 14 days of referral. Records indicated most services are delivered within 24-48 hours.
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. 	\boxtimes			There is a facility policy (15.15, Therapeutic Restraints) which outlines all of the proper procedures and safeguards expected for the application of restraints. However, Section 15.15.1 clearly states restraints are not to be utilized for medical or mental health purposes.

pre	vention and health education, so that their health care i			a time	y and emolerit marifier.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	 (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, 				There are appropriate policies in place which outline the procedures to be followed regarding Involuntary Administration of Psychotropic Medications. However, staff indicated psychotropic medications are not administered at this facility. Any mental health case potentially needing such services is admitted to a local psychiatric hospital (University Behavioral Health) for treatment. Although there is (b)(7)e dentist and dental assistant on staff, the dental screening exam performed within 14 days is performed by a
	nurse practitioner or trained RN.				nurse. Dental staff has trained the nurses regarding this exam. The Health Services Administrator (HSA) indicated (b)(7)e is too busy rendering necessary care to detainees and is not able to participate in the screening exams due to the volume of detainees at this facility.
	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			At this facility, authorities have determined first aid kits will not be utilized, since healthcare staff is readily available at all times.
62.	An automatic external defibrillator should be available for use at the facility.	\boxtimes			There is an automated external defibrillator (AED) maintained by healthcare staff that is stored on the "crash cart." In addition, custody and ICE staff has AED devices at four other locations in the facility.
63.	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			Pursuant to facility policy, ICE officials are informed regarding any detainee's refusal of treatment offered and they participate in any decisions regarding forced treatment.

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			
64. In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.	\boxtimes			In accordance with facility policy, the facility's Administrator and HSA meet at least monthly.			
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.	\boxtimes			In compliance with Policy 7.4, Infection Control, appropriate practices are in place and were observed regarding hazardous waste and decontamination of equipment. Contracts are in place regarding the legal disposal of regulated medical waste.			
 (MANDATORY) The health authority will implement a system of internal review and quality assurance. 	\boxtimes			The healthcare staff has designed and implemented a program of Quality Assurance that has been approved by the NCCHC and TJC during accreditation reviews.			
PART 4 – 22. N	IEDICA	L CARE					
⊠ Meets Standard							

The NCCHC and TJC have accredited this facility. Officers of the PHS/IHSC and licensed clinicians employed by that agency deliver professional healthcare services. In the past year, staffing has been increased by the filling of vacancies and at the present time overall staffing appears sufficient for the prompt delivery of all required medical services. (b)(7)e dentist does not currently conduct the 14-day dental screening exam due to other demanding clinical services on his schedule. This may warrant some adjustment in procedures, priorities or scheduling.

A sample 10 detainees' medical records (electronic) were reviewed and confirmed the timely delivery of expected medical services (e.g., Intake Screening, TB tests, Health Appraisals, Sick Call, assorted lab tests, referrals to mental health, referrals to specialists, pregnancy services, and so forth). A nurse, thinking the most recent test was current and sufficient, erroneously deferred one TB Chest X-ray; however, this oversight was later detected by the HSA during chart review and corrected.

There were no detained deaths reported at this facility during the past year. A number of willing detained were interviewed regarding healthcare services. The detained interviewed uniformly expressed satisfaction with the timely delivery of necessary services, to include Sick Call and medication delivery.

(b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date

PART 4 - 23. PERSONAL HYGIENE

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	\boxtimes			Policy 11-23, Personal Hygiene, outlines the expected practices regarding issuance and exchange of clothing, bedding and personal hygiene items. The process was observed and available supplies greatly exceed the minimum required for this population.
 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. 	\boxtimes			Local practice was observed and involves the issuance of clothing, which is double the minimum requirement.
Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			Sweatshirts and jackets are available to be issued when seasonal weather warrants.
4. New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase Additional blankets, based on local weather conditions.	\boxtimes			Pursuant to local policy, bedding and linens are distributed at the levels required by this component, with one exception. A "pillow" is built into the issued mattress so no separate pillows or pillowcases are issued.
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			A full supply of personal hygiene items were being issued and replenished during the inspection. Gender-specific items were available. There were no charges to detainees for these items.

PART 4 - 23. PERSONAL HYGIENE

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

	Components	Meets Standard	Does Not Meet Standard	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. 				Toilet facilities on housing units were observed and found to be sufficient in number and availability. They were noted to be clean and frequent active cleaning was noted.				
7.	Bathing facilities are:								
	 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. 	\boxtimes			Washbasins and showers were examined and found to be available in sufficient quantity on the housing units. Water temperatures (hot) were measured to be 100°F in basins and 101°F at showerheads.				
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	⊠			Detainees with significant disabilities (e.g., hearing, vision, mobility) are routinely housed in the medical Short Stay Unit where they are provided any necessary accommodation.				
9.	Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.	\boxtimes			At this facility, the frequency of exchange of clothing, sheets and under garments meets or exceeds the levels required by the standards. Pillowcases are not issued or exchanged.				
10.	Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			Food service detainee volunteer workers are provided white outer garments daily.				
11.	Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	\boxtimes			Volunteer detainee workers are provided yellow outer garments daily.				
	PART 4 – 23. PER	SONAI	L HYGIEN	E					

At this facility, all policies and practices regarding detainee personal hygiene matters (clothing, linens and supplies) appear to exceed the minimum limits noted in the standard.

(b)(6) (b)(7)(c) / September 22, 2011

Reviewer's Signature / Date

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.

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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.	\boxtimes			Policy 11-24, Suicide Prevention and Intervention, outlines the suicide prevention program at this facility. Annual approval and signature by medical and facility authorities was noted.			
 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. 				The facility's Suicide Prevention policy was reviewed and found to contain all of required essential elements.			
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			Facility policy requires initial and annual staff training regarding suicide prevention. A review of various training records confirmed this instruction.			

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		Does Not Meet Standard	N/A	Remarks
 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. 	\boxtimes			The outline and content of the Suicide Prevention training was examined. It revealed content which addressed all of the required essential elements.
 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. 	\boxtimes			Pursuant to Policy 8.1, Intake Screening, nursing staff performs a screening on all arriving detainees within 12 hours. The standard intake form used includes items focused upon suicide potential risk- assessment.
Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.	\boxtimes			Policies regarding suicide prevention, to include 3.14 (Health-Related Training for Detention Officers), include procedures regarding when and how to refer atrisk detainees to medical staff. A review of records confirmed these practices are being actively implemented.
 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			Pursuant to facility policy, at-risk and suicidal detainees are only returned to general population at the written direction of appropriate healthcare authorities.
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			There are three designated isolation rooms in the medical clinic area intended for the observation and treatment of at-risk detainees.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			The designated isolation rooms were observed and noted to be structurally appropriate for that purpose.

PART 4 – 24. SUICIDE PREVI	ENTION	N AND INT	ERVE	NTION			
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	Y/N	Remarks			
10. Medical staff have approved the room for this purpose.	\boxtimes			The facility's Psychiatrist indicated the isolation rooms have been approved for that purpose.			
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	\boxtimes			Local policy requires at-risk detainees to be under constant observation by custody staff, with observation checks documented at least every 15 minutes. This practice was observed and confirmed.			
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			In accordance with facility policy, custody staff document their observation checks at least every 15 minutes while constantly observing at-risk detainees. Nursing staff make entries into the patient's medical record at least every two hours. These practices were confirmed by record review.			
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance	\boxtimes			Pursuant to policy, ICE officials are promptly advised regarding any suicidal detainee. At this facility, ICE staff is present at all times. Healthcare staff routinely transfers detainees to the emergency room, local hospital or local psychiatric hospital, when necessary.			
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review				In accordance with Policy 3.10.2.1, Mortality Review, a review of all			

3. 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				Pursuant to policy, ICE officials are promptly advised regarding any suicidal detainee. At this facility, ICE staff is present at all times. Healthcare staff routinely transfers detainees to the emergency room, local hospital or local psychiatric hospital, when necessary.
 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			In accordance with Policy 3.10.2.1, Mortality Review, a review of all serious suicide attempts is routinely undertaken. Additionally, an appropriate debriefing of affected parties is conducted.
PART 4 – 24. SUICIDE PRE\	ENTION	AND INT	ERVE	NTION
				☐Repeat Finding

At this facility, Suicide Prevention policies and practices are detailed and provide staff with appropriate procedures to follow in cases of suicidal detainees. The medical and mental health staff is actively involved with any at-risk suicidal detainees. Constant watch practices are compliant with policy expectations. There were no reported suicides by ICE detainees during the past year and no reported serious suicide attempts that required medical intervention. The frequent use of the local University Behavioral Health (UBH) psychiatric facility for acutely ill detainees appears to have been quite successful in preventing serious mental health incidents.

(b)(6) (b)(7)(c) September 22, 2011

Reviewer's Signature / Date

	PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH							
fata	This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	\boxtimes			Pursuant to Policy 8.9, Referrals to Hospitals and Specialty Care, local off-site medical facilities are readily available for detainees with significant healthcare needs. Records confirmed this practice.			
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.	\boxtimes			In accordance with Policy2.4, Notification of Next of Kin, ICE officials contact a detainee's family members, when appropriate, regarding the detainee's medical condition.			
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. 	\boxtimes			The facility administrative and healthcare staff has the state Advanced Directive forms and guidelines available in English and Spanish. Policy 2.6, Advanced Directives, notes that detainees may have a private attorney prepare such forms, if they wish, at their expense.			
4.	There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			Policy 2.6.2, Obtaining Do Not Resuscitate (DNR) Orders, addresses this topic.			
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			It is noted in Policy 2.6.2 that detainees with a DNR order 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 policy requires ICE to be notified regarding any detainees with DNR orders. At this facility, ICE staff is present at all times.			
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Policy 2.6.4, Organ Donations, fully addresses this topic.			

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH							
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate							
NA in the appropriate box for this portion of the works death and related notifications.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody. 	\boxtimes			Policy 3.10.2, Mortality Notifications, outlines procedures to notify ICE staff, families and consulates in the case of a detainee's death. ICE staff is present in the facility and indicated they make the appropriate notifications.			
The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			Policy 3.19, Patient Transport, addresses the topic of a detainee death while in transport.			
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 	\boxtimes			Pursuant to Policy 11-25, Terminal Illness, Advanced Directives and Death, ICE officials at the facility make arrangements 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. 	\boxtimes			ICE handles the disposal of detainee remains.			
An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				ICE staff at this facility handles the placement of a death certificate into a 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. 	\boxtimes			Contact with the coroner and issues regarding autopsy are handled by ICE authorities, pursuant to facility policy.			
14. ICE staff follow established procedures to properly close the case of a deceased detainee.				ICE officials at this facility close out the case of a deceased detainee.			
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH			

At this facility, policies regarding Terminal Illness, Advanced Directives and Death are thorough and provide staff with appropriate procedures to follow in the event of a detainee's death. These events are somewhat rare; therefore, it is difficult to verify whether actual practice complies with policy.

The facility reported no deaths of detainees during the past year.

(b)(6) (b)(7)(c) / September 22, 2011

Reviewer's Signature / Date

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	V/N	Remarks	
 The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook. 	\boxtimes			Policy EPC-PBNDS 11-026 addresses correspondence and other mail. Rules regarding mail are posted in the housing units and common areas.	
The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			Information is posted in English and Spanish.	
 Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected. 	\boxtimes				
 Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays). 	\boxtimes			A log is maintained in the mailroom for outgoing mail.	
 Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee. 	\boxtimes			Record of acceptance of priority, overnight and certified mail is identified in the receipt log of incoming mail.	
6. Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			Pursuant to policy, mail is only opened in the detainee's presence; however, not read unless approved in writing by the AFOD.	
7. Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes				
 Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present. 	\boxtimes				
 Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present. 	\boxtimes			Post orders and local policy prohibit staff from reading or copying outgoing Special Correspondence.	
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes				
 Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied. 	\boxtimes				
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			Rejection of mail is noted on Form EPC-PBNDS-0096 and the form with the mail is returned to the sender.	

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

This Detention	Standard ensures	that detainees v	will be able to	correspond with	their families,	the community,	legal
representatives,	, government offic	es, and consular	officials consis	stent with the safe	e and orderly o	peration of the fa	cility.

	a t b						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice. 	\boxtimes			A copy of the EPC-PBNDS-0096 is forwarded to the sender.			
 Staff maintain a written record of every item removed from detainee mail. 	\boxtimes			A log of rejected mail is maintained in a binder with the rejection notifications.			
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			A record of contraband is maintained on the Alien Disposition Form (EPC-NDS-0078) and placed in the A-file. Records were accurate and timely.			
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	\boxtimes						
 Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files. 	\boxtimes						
 Staff provide the detainee a copy of his or her identity document(s) upon request. 	\boxtimes						
 Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband". 	⊠			Disposal of prohibited items are noted on the EPC-NDS-0078 Form with a copy forwarded to the detainee.			
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes			Envelopes and postage for five pieces of mail is provided at no cost.			
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.			\boxtimes	Postage for general mail and special correspondence is provided at no cost.			
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			Envelopes are provided at no cost in the housing unit. Paper and pencils are available in the law library.			
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes						
24. Detainees have access to outside publications.				MAII			
PART 5 – 26. CORRESPON	DENC	E AND OT	HERI	WAIL			

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

The facility maintains a mailroom to process, receive and dispense appropriate detainee mail. Detainees receiving mail are notified to go the mail office by the housing unit and the mail is opened in their presence. Proper procedure and documentation is maintained for mail dispensed or rejected.

(b)(6) (b)(7)(c) September 22, 2011 Reviewer's Signature / Date

	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals. Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
rie	id Office of Sub-Office in Control of the detainee ca	SC.					
	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	\boxtimes			Requests are reviewed by the FOD on a case-by-case basis. The facility log reflected one detainee had been approved for an escorted trip.		
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).	\boxtimes			Facility policy reflects the identified relationships as "immediate family."		
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	\boxtimes					
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.	\boxtimes			A comprehensive investigation and file review with a recommended level of supervision is provided prior to approving an escorted trip.		
5.	Detainees who require overnight housing are placed in approved IGSA facilities.			\boxtimes	Detainees are not approved for overnight escorted trips.		
6.	Each escort detail includes at least b)(7) officers.	\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.	\boxtimes			Initial and annual training address the reporting of any unusual incident for all security posts.		
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	\boxtimes					
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.				Initial and annual training protocols include ethical standards and expectations of staff		

PART 5 – 27. ESCORTED TRIPS FO							
This Detention Standard permits detainees to maintain ties detainees emergency staff-escorted trips into the commun to attend their funerals.	nity to vi	isit critically	y ill me	embers of the immediate family or			
Standard NA: Check this box if all ICE Non-Medical Field Office or Sub-Office in control of the detainee care		ency Esco	orted 1	rips 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. 				Post orders for Transportation			
 Do not violate federal, state, or local laws. 	1 1	1 1	1 1	Officers delineate behavioral			
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 	\boxtimes			requirements of the detainee while being transported and the expectation of officers to enforce			
 Do not arrange to visit family or friends unless approved before the trip. 				the identified requirements of this component. Detainees are informed			
 Make no unauthorized phone calls. 	1 1			prior to transport of the potential for			
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 				search and/or substance testing.			
 The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc. 	\boxtimes						
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.							
 The Field Office Director is the approving official for all non-medical escorted trips. 	\boxtimes						
15. Facility procedures comply with the following ICE Standards:				Facility policy and procedures are consistent with the ICE standard for			
 Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 				detainee transportation and for the appropriate application of restraints pursuant to the UOF Standard.			
PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDIC/	L EM	ERGENCIES			
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐Repeat Finding							

Only one detainee has been approved during the past year for a non-medical emergency escorted trip. The trip was approved by the AFOD and the procedures were consistent with standard requirements. No overnight trips have been approved by the facility.

(b)(6) (b)(7)(c) September 22, 2011 Reviewer's Signature / Date

PART 5 – 28. MARRIAGE REQUESTS					
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by- case basis. 	\boxtimes			Requests are submitted and reviewed by the FOD.	
 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.	\boxtimes			The detainee handbook requires a written request on a Form EPC-NDS-0016 to be submitted.	
 The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent. 	\boxtimes			A written confirmation of intent to marry by the intended spouse is required according to the detainee handbook. Chaplaincy staff makes confirmation.	
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			The handbook contains the appeal/grievance process if the request to marry is denied.	
The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	\boxtimes			If approved, the wedding may only take place at the detainee's current facility.	
The detainee handbook explains the marriage request process.	\boxtimes				
In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	\boxtimes				
PART 5 – 28. MAR	RIAGE	REQUES	TS		

The facility receives frequent requests to marry. Due diligence and review is conducted by the facility prior to approval or denial. A description of the requirements for request to marry is contained in the detainee handbook. Should the request be denied, the detainee may appeal the decision through the facility's grievance process.

(b)(6) (b)(7)(c)/ September 22, 2011 Reviewer's Signature / Date

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".

M i outdoor recreation is offered cheek this box. Items 19-27 should then be marked 14.4.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 The Facility provides: An indoor recreation program. An outdoor recreation program. 				Both indoor and outdoor recreational facilities are provided. An outdoor recreation yard is attached to each housing unit. Basketball, volleyball and soccer facilities are available for outdoor sports. Ping-pong, foosball and game tables have been placed in the dayroom area of each dormitory.	
 A recreational specialist (for facilities with more than 350 detainees) tailors the program activities as offerings to the detainee population. 					
Regular maintenance keeps recreational facilities are equipment in good condition.	nd 🗵			On the dates of inspection, recreational facilities and equipment were found to be clean and in good condition.	
The recreational specialist or trained equivale supervises detainee recreation workers.	nt 🗵			(b)(7) recreational specialists are employed by the facility to organize detainee activities.	
 The recreational specialist or trainee equivale oversees recreation programs for Speci Management Unit and special-needs detainees. 	ial 🗵				
Dayrooms offer sedentary activities, e.g., boa games, cards, television.	rd 🗵			Board games were observed in use by detainees in the housing units.	
Outside activities are restricted to limited-conta sports.	ict 🗵			Soccer, volleyball and basketball facilities are available. Exercise equipment is accessible in each yard area.	
Each detainee has the opportunity to participate daily recreation.	in			Detainees are allowed recreational access at least one hour per day, seven days per week.	
Detainees have access to recreation activities outside the housing units for at least one hour daily.	de 🗵			A minimum of one hour per day is allowed for outdoor recreation. More time is allowed depending upon weather and facility operations.	
 Staff check all items for damage and condition who equipment is returned. 	en 🗵				
Staff conduct searches of recreation areas before an after use.	nd 🖂			Searches of recreation areas are conducted by housing unit security staff.	

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".

Components	ets dard	Not eet dard	4	Remarks
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
12. Recreation areas are under constant staff supervision.	\boxtimes			(b)(7) cofficers are assigned to each housing unit. When detainees are released to the adjacent recreation yard, one officer monitors activities.
13. Supervising staff are equipped with radios.	X			
 The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week. 	X			
 Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges. 	X			The detainee is provided with written notification of a final disposition which results in revocation of outdoor recreation.
Special programs or religious activities are available to detainees.	\boxtimes			p)(7)ehaplain and(b)(7)eassistants provide spiritual counsel. A variety of programs and volunteer services are available.
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	\boxtimes			Orientation training is conducted periodically and documented.
 Visitors, relatives or friends of detainees are not allowed to serve as volunteers. 	X			
19. If the facility has no outside recreation, are detainees considered for transfer after six months?	\boxtimes			
If yes, written procedures ensure timely review of all eligible detainees.			\boxtimes	The facility has outdoor recreational facilities in all housing units.
 Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator. 			\boxtimes	This component is not applicable as outdoor recreational facilities are available.
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.			\boxtimes	This component is not applicable as outdoor recreational facilities are available.
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes	This component is not applicable as outdoor recreational facilities are available.
 Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer. 			\boxtimes	This component is not applicable as outdoor recreational facilities are available.
 If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. 			\boxtimes	This component is not applicable as outdoor recreational facilities are available.

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. Item	ns 19-2	7 should	then b	oe marked "N/A".
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			\boxtimes	This component is not applicable as outdoor recreational facilities are available.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			\boxtimes	This component is not applicable as outdoor recreational facilities are available.
PART 5 - 29. RECREATION				
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

The facility employs (b)(7) recreational staff who organize and coordinate a variety of indoor and outdoor activities. Board and table games are provided and exercise equipment and basketball equipment is available on each general population yard. The recreation specialists also coordinate soccer, basketball and volleyball tournaments for detainees. Access to outdoor recreation is available at least one hour every day. Detainees in the SMU also have access to outdoor recreation yards. Recreation facilities were clean and free of debris. Recreational equipment was in good condition.

(b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date

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.

	3.1				<u> </u>	
	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.	\boxtimes			Religious services are provided in Spanish, English, and other languages, if needed.	
2.	Space is available for detainees to participate in religious services.	\boxtimes			On the date of inspection, services were being conducted in the facility's dining hall, which is used as a multi-purpose area. Services were in Spanish.	
3. •	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	X			Services address the Christian, Jewish, Islamic and Buddhist faiths; other faiths are accommodated, upon request.	
4.	 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 	\boxtimes			Medical staff ensures proper nutritional requirements for religious diets are met and reviews requests for religious meals. Fasting practices, such as those required by Ramadan, are honored and accommodated. Numerous volunteers are recruited and enlisted to provide a variety of religious programs and services.	
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes			Based upon interviews with facility religious staff, detainees are allowed plastic rosaries, Bibles or Korans and Yamikas or prayer rugs to facilitate their spiritual needs.	
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			Background investigations are conducted on each individual requesting to provide volunteer services at the facility. Documentation was verified by reviewing respective files.	
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes			Mormon, Jewish, and Islamic services have been allowed in the absence of available clergy.	
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			Face to face spiritual consultation is provided to detainees in the SMU by facility religious staff.	
	RELIGIOUS	PRAC1	TICES			
	Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Remarks: (Record significant facts, observat	tions, other sources used, etc.)	
The facility maintains a chaplaincy staff of	(b)(7)e	ho coordinate, provide and direct
spiritual services. Volunteers are screened and tr	rained to conduct additional services.	Accommodations are provided to detainees
for legitimate religious beliefs and practices. Proconducted.	ovision of special meals and holy ever	nts or seasonal activities are planned and
(b)(6) (b)(7)(c) / September 22, 2011 Reviewer's Signature / Date		

PART 5 - 31. TELEPHONE ACCESS

This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Four phones are available in each housing unit dormitory dayroom. Two phones are available in the adjacent recreation yards. Detainees with impairments may request to use a teletypewriter (TTY) phone in the health care unit.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			Information regarding access to telephones is provided in the detainee handbook which is distributed upon admission. The information is also presented in the orientation video shown at time of intake.
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			Information is provided in English, Spanish and Portuguese.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes			Sixty-four detainees are housed in each housing unit. Six phones are available in each. This is a ratio of one phone for every 11 detainees.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes			Officers on the third shift test phones nightly and record the results in the housing unit log. ICE staff test phones once per week. Any time problems are identified, a work order is submitted.
8.	Telephones are located a reasonable distance from televisions.	\boxtimes			Telephones are located approximately 70-80 feet from the unit television.
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			
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			A Plexiglas shield separates each of the four phones inside the unit.
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			Detainees wishing to place a confidential call may submit a request to ICE staff for assistance.

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.

p	providing them reasonable and equitable access to telephone services.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			Detainees wishing to place non- collect calls may submit a request to ICE staff for assistance. Requests are recorded in a log.	
14.	Special Access calls are at no charge to the detainees.	\boxtimes				
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.	\boxtimes			The facility maintains the ability to meet this requirement.	
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	\boxtimes				
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes				
18.	All telephone restrictions are documented.	\boxtimes			Restrictions are documented on an automated online system provided by the telephone communications vendor.	
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes			Messages for detainees are received at the reception desk and forwarded to the designated supervisor. The supervisor then forwards the message to the detainee.	
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes				
21.	Detainees are allowed to return emergency phone calls as soon as possible.	\boxtimes				
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	\boxtimes			A rolling phone stand is available inside segregation and a mounted phone is available on the segregation yard. Calls to pro bono legal services are free.	
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes				
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	X			Phones are available in the segregation units.	
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes				

PART 5 – 31. TELEPHONE ACCESS				
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				Notification is posted in areas where the phones are located and a recorded message on the system alerts detainees that phone calls may be monitored. Special access calls are not monitored.
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			The phone system was used to contact the OIG. The process included selection of English or Spanish, and entering a personal identification number (PIN) number and the speed dial number of the OIG. The OIG was contacted within 30 seconds.
 The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis 	\boxtimes			ICE staff interviewed indicated phones are checked routinely and the checks are documented.
PART 5 – 31. TELEPHONE ACCESS				
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

An ample number of phones are located in all housing units. Phone instructions are posted in English and Spanish and the speed dial numbers for the OIG and consulate offices are also listed. These calls are free. Kiosks in the common areas of the facility allow detainees to purchase telephone access time. Detainees are assigned a PIN number to access phones and may call any number not restricted. The facility accommodates special access and emergency telephone communication.

(b)(6) (b)(7)(c) September 22, 2011 Reviewer's Signature / Date

PART 5 - 32. VISITATION

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes			Visitation procedures and the schedule and hours for general visits are addressed in the detainee handbook.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	\boxtimes			Visitation is scheduled using alphabetical groups. General visitation is scheduled from: 6 to 9 AM, Mondays through Fridays; and 11 AM to 3 PM and 6 to 9 PM, Saturdays and Sundays.
3.	The visitation schedule and rules are available to the public.	\boxtimes			The schedule and rules are posted outside the reception area.
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	\boxtimes			
6.	A general visitation log is maintained.	\times			
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes			Approved pictures, books and religious items may be brought to the facility for detainees. The desk officer in the reception area maintains the log.
8.	A visitor dress code is available to the public.	\times			
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			Visitors are required to walk through a metal detector when entering the reception area. Metal items must be removed and a hand wand is used on the visitor, if necessary. Visitors with pacemakers or surgical metals are hand scanned with a metal detector.
10.	The requirement on visitation by minors is complied with.	\boxtimes			
11.	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	Minors are allowed to visit at the facility.
12.	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	This component is not applicable as minors are allowed to visit.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			
14.	Detainees in special housing are afforded visitation.	\boxtimes			

PART 5 - 32. VISITATION

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

COII	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		
	Legal visitation is available seven (7) days a week, including holidays.	\boxtimes					
	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.	\boxtimes			Legal visits are available 24 hours per day, every day.		
	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			Should a legal visit occur during meal time, a box lunch will be delivered to the detainee.		
	Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			Five private consultation rooms are available for contact visits or attorney meetings. These rooms allow contact and document exchange.		
	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.	\boxtimes					
	Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes			Legal service providers are identified and entered into the visitation log.		
	The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes					
	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.	\boxtimes			A mechanism is present to review and authorize tours for identified organizations; however, no requests have been received during the past year.		
24.	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			Requests are forwarded to the AFOD for review.		
	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	NOITA				
		andard	□ N/A		☐Repeat Finding		

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

The facility maintains five contact visitation rooms and four non-contact visitation booths. Detainees may be allowed two non-contact visits per month on a requested basis. Visits are limited to four immediate family members.

	PART 5 – 33. VOLUNTARY WORK PROGRAM						
nui leg (O	This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.						
	Check here if ICE detainees are not authorized to wond move to next section.	ork at t	ne IGSA ta	icility.	. Mark NA on Form G-324A, page		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has a voluntary work program.	\boxtimes					
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes					
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.			\boxtimes	The facility is an SPC; however, has no outside work details.		
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 	\boxtimes					
5.	Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes			Detainees who are medically screened and approved are eligible for the voluntary work program.		
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	\boxtimes			Pursuant to the detainee handbook, shifts are limited to eight hours per day, and 40 hours per week.		
7.	Detainee volunteers ordinarily work according to a fixed schedule.	\boxtimes					
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	\boxtimes					
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			Detainee workers are provided instruction on work duties and safety requirements prior to being assigned to the work program.		
	The voluntary work program meets:OSHA standardsNFPA standardsACA standards	\boxtimes					
11.	Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure	\boxtimes			Facility procedures require medical screening prior to a work assignment.		
12.	Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes					

PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN	Λ	
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 wo and move to next section.	ork at t	he IGSA ta	acility	. Mark NA on Form G-324A, page	
Components N/A N/A N/A Remarks					
13. Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			Procedures require immediate notification of the supervisor and medical services if an injury occurs. The FOD and AFOD are notified as well.	
PART 5 – 33. VOLUNTARY WORK PROGRAM					
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐Repeat Finding					

Detainees were observed participating in work activities. Workers were appropriately dressed in clean attire. Documentation was reviewed which verified procedural and safety training for the specific duty assigned. Workers certified receipt of training by 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

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			
2.	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 detainee handbook is provided in English, Spanish and Portuguese.
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			An orientation video recording is provided during the admission process in English and Spanish. Access to other language translations is available.
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.	\boxtimes			Since the facility is an SPC and administered by ICE, the detainee handbook reflects policy and processes specific to ICE.
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			
8.	 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. 	×			
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			Basic detainee rights and responsibilities are noted on the first page of the detainee handbook.
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			The handbook identifies three levels of security classification and the criteria designated by each. The appeal process is also described.
11.	The handbook states when a medical examination will be conducted.	\boxtimes			The handbook states the medical exam will be conducted within the first 14 days of arrival.
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	\boxtimes			

PART 6 - 34. DETAINEE HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Meets Standar	Does Not Meet Standard	N	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.	\boxtimes			The handbook contains a description of all issues and components noted in this component. The facility maintains a non-smoking environment.
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			The handbook states razors are to be issued each day by the housing unit officer and collected when shaving is finished.
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			Kiosks are available in common areas to allow detainees to place funds in their telephone accounts. A PIN number is required for general phone calls.
17. The handbook addresses religious programming.	\boxtimes			
 The handbook states times and procedures for commissary or vending machine usage. (where available) 	\boxtimes			Vending machines are available in each housing unit. Detainees are allowed to retain \$100 in cash.
The handbook describes the detainee voluntary work program.	\boxtimes			
 The handbook describes the library location and hours of operation and law library procedures and schedules. 	\boxtimes			
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	\boxtimes			
 The handbook/supplement provides local ICE contact information. 	\boxtimes			
23. The handbook describes the facility contraband policy.	\times			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			
25. The handbook describes the correspondence policy and procedures.	\boxtimes			Access to pens, paper, envelopes and postage stamps, as well as the process of receiving mail is addressed.

PART 6 - 34. DETAINEE HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 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. 	\boxtimes			The handbook describes the disciplinary hearing process, time limits for sanctions and the appeal procedure.
 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. 	\boxtimes			A grievance section is included in the handbook and describes: the grievance process and conditions of informal and formal grievances; the appeals process; emergency grievances; filing a grievance with ICE; filing a medical grievance; guarantee against staff retaliation for filing grievances; and procedures for filing a grievance with the Department of Homeland Security (DHS) regarding officer misconduct.
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			Availability of health care procedures and access are addressed.
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	\boxtimes			Access to indoor and outdoor recreation is noted and addresses the bulleted sections of this component.
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes			
31. The handbook specifies the rights and responsibilities of all detainees.	\boxtimes			
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			The handbook receipt log was reviewed.
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes			
PART 6 - 34. DETA	INEE	HANDBOO	K	
	andard	□ N/A		☐Repeat Finding

The detainee handbook is provided in English, Spanish and Portuguese, and is complemented by an orientation video in those languages. The video is presented during the admission process and shown routinely on a monitor in admissions. Four phones are available in each unit for detainee use at any time of day. Two phones are located on each general population recreation yard and phones are also available for detainees in segregation. The critical areas of discipline and grievances are explained in the handbook with allowances for staff or detainee assistance.

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.

uie	they may life formal grievances and receive timely responses.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees are informed about the facility's informal and formal grievance system.	\boxtimes			The formal and informal grievance process is addressed in the detainee handbook.		
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	\boxtimes					
3.	 The grievance section of the handbook explains all 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. 	\boxtimes			Upon on admission detainees receive a copy of the facility specific detainee handbook and a copy of the ICE National Detainee Handbook. Both address the bulleted items of this component.		
4.	Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	\boxtimes			The detainee handbook identifies the process for resolution of informal grievances and stipulates a five-day period for filing a formal grievance. The grievance officer then has five days in which to resolve the grievance and provide a written decision.		
5.	Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	\boxtimes			Housing unit officers and other facility staff is available to assist in resolving/filing a grievance. The detainee handbook allows assistance from other detainees. If illiterate, disabled or non-English speaking, grievance decisions will be read or translated.		
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			The topic of Emergency Grievances is addressed in the facility's Grievance System policy and requires immediate attention by the staff member notified and the SIEA.		
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	×			Staff receives orientation and annual refresher training on the identification and response to emergency grievances.		

PART 6 – 35. GRII	EVANC	E SYSTE	М			
This Detention Standard protects detainees' rights and ensuthey may file formal grievances and receive timely respons		y are treate	ed fairl	y by providing a procedure by which		
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance. 	\boxtimes			Prohibition of retaliation is addressed in policy and noted in the detainee handbook.		
 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			The Grievance Officer maintains an automated grievance status program for formal and informal grievances. The program monitors the: date received; name of grievant; the grievant's "A" number; subject; and disposition. Any grievance not resolved is highlighted in yellow.		
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.				Detainees that abuse the process may have their respective grievance returned unprocessed.		
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			Detainees are provided information on forwarding written staff misconduct complaints to DHS or by calling the OIG hotline.		
 Informal resolution of a written grievance is documented in the detainee's Detention File. 	\boxtimes					
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes					
 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 				Detainees are informed to file an appeal with the AFOD if they are not satisfied with the grievance committee's decision.		
 In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance. 	\boxtimes			A detainee is provided five days in which to file a formal grievance.		

PART 6 – 35. GRIEVANCE SYSTEM

Meets Standard Does Not Meet Standard N/A Repeat Finding

The grievance policy and procedures were reviewed. The facility provides grievance system information to detainees during admission and orientation. The detainee handbook addresses the process for the filing of grievances and the assistance available, if needed. Processing and monitoring of both formal and informal grievances complied with required facility practices. Interviews with staff and detainees reflected a responsive attitude to the resolution of detainee issues.

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Meets Standard Does Not Meet Standard Components Remarks 1. The facility provides a designated law library for The law library is located in the X detainee use. center of the compound. 2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The facility has LexisNexis (958 The listing of materials is posted in the law library. \times П Release 08-26-11) available and In lieu of/or in addition to the physical law library. hard copy volumes. ICE detainees have access to the Lexus Nexus electronic law library. 3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Six operating computers, two printers, several typewriters and Operable computers and printers, in sufficient \times ample supplies were available in the numbers in order to provide access law library. Photocopiers, and Supplies for both. 4. The library contains a sufficient number of chairs, is П \times П well lit and is reasonably isolated from noisy areas. 5. The law library is adequately equipped with typewriters, computers or both and has sufficient \times П П supplies for daily use by the detainees. 6. Detainees are provided with the means to save legal A "floppy" disc is provided to a X П work in a private electronic format for future use. detainee to save his/her work. 7. The facility subscribes to updating services where Detention Standards Compliance \times П П applicable and legal materials requiring updates are Unit (DSCU) staff at headquarters current. is contracted for the updates. 8. Outside persons and organizations are permitted to submit published legal material for inclusion in the \times П П legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion. 9. There is a designated ICE or facility employee who Contract staff assigned to the law inspects, updates, and maintain/replace legal material library notifies ICE staff when a and equipment on a routine basis. The designee X need arises. DSCU staff in properly disposes outdated supplements and replaces headquarters have contracted for damaged or missing material promptly. up-to-date services. 10. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego Policy and practice are consistent П recreation time in lieu of library usage. Detainees \boxtimes П with component requirements. facing a court deadline are given priority use of the law library. 11. Detainees may request material not currently in the All requests may be sent to ICE law library. Each request is reviewed and where staff directly and the request will be appropriate an acquisition request is initiate and timely X accommodated in accordance with pursued. Request for copies of court decisions are the standard. accommodated within 3 - 5 business days.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	iring the	eir access	to cou	ırts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes				
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\boxtimes			Bilingual staff, other detainees and/or the language line may be used to assist a detainee.	
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				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			Detainees in the SMU will be afforded similar access. Individual access can be provided, if needed. No denials have occurred to date.	
16. All denials of access to the law library fully documented.	\boxtimes			One potential case is under review by the OPR.	
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			Contract staff interviewed would immediately notify ICE staff. One potential case is under review by the OPR.	
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes			This is precluded by policy and no instances were discovered.	
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 	\boxtimes			Policy and practices reviewed indicated compliance.	
PART 6 – 36. LAW LIBRARI	ES AN	DEGAL	MATE	RIAL	
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐Repeat Finding					

Facility policy mirrors the requirements of the ICE standard and the practices observed and interviews with library staff indicated compliance with the policy. The facility meets the requirements of this standard.

	PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This I	Detention Standard protects detainees' rights by ensons and organizations for the purpose of informing the	uring them of U	neir access .S. immigr	s to int ation l	formation presented by authorized aw and procedures.	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	Check here if No Group Presentations were cond Acceptable overall and continue of					
ar	he Field Office is responsive to requests by attorneys nd accredited representatives for group resentations.	\boxtimes			Policy provides for an appropriate response; however, no requests have been received in the past year.	
D O	Ipon receipt of concurrence by the Field Office birector, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or ccredited representatives in a timely manner.	\boxtimes				
re m	The facility follows policy and procedure when ejecting or requesting modifications to objectionable naterial provided or presented by the attorney or ccredited representative.	\boxtimes			Policy EPC-PBNDS 11-37, Legal Rights Group Presentations, would be used to guide this process.	
ar	osters announcing presentations appear in common reas at least 48 hours in advance and sign-up sheets re available and accessible.	\boxtimes			A schedule of presentations is posted in each housing area.	
im D de	Detainees have access to group presentations on mmigration law, procedures and detainee options. Documentation is submitted and maintained when any etainee is denied permission to attend a presentation and the reason(s) for the denial.	×			The ICE "Know Your Rights" presentation is also conducted on a routine basis. No denials of access have occurred.	
pr nu	When the number of detainees allowed to attend a resentation is limited, the facility allows a sufficient umber of presentations so that all detainees signed p may attend.	⊠			Presentations are open to all detainees.	
re	detainees in segregation, unable to attend for security easons may request separate sessions with resenters. Such requests are documented.	\boxtimes				
	nterpreters are admitted when necessary to assist ttorneys and other legal representatives.	\boxtimes				
m qı	resenters are afforded a minimum of one hour to nake the presentation and additional time to conduct a uestion-and-answer session.	\boxtimes			Time is not limited to an hour.	
	staff permit presenters to distribute ICE/DRO- pproved materials.	\boxtimes				
gr gr st	The facility permits presenters to meet with small roups of detainees to discuss their cases after the roup presentation. ICE/DRO or authorized detention taff are present but do not monitor conversations with egal providers.	\boxtimes			Contract staff are present; however, do not monitor legal conversations.	

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
☐ Check here if No Group Presentations were cond					
Acceptable overall and continue o	n with	next port	ion of	worksheet.	
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	\boxtimes			No presenters have had their privileges suspended; however, proper procedures to guide such a process are outlined in policy.	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes				
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 	\boxtimes			This could be accommodated if requested by a detainee.	
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes				
PART 6 - 37. LEGAL RIGHTS	GRO	JP PRESE	NTA	TIONS	
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

A review of Policy EPC-PBNDS 11-37 and an interview with the AFOD indicated the program conducted by the Diocesan Migrant and Refugee Services and the ICE "Know Your Rights" video meet the requirements of this standard.

Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

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

PART 7 – 38. DETENTION FILES

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

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
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.	\boxtimes			
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			A review of 10 detainee files found the appropriate documentation in place.
	 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 	\boxtimes			
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 stored in the property room away from detainee access.
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.	\boxtimes			
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes			When requests are from verified sources, the documents will be copied and sent.
	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.	×			A log book is in place and confirmed files are signed out appropriately.
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			
	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			No unauthorized releases of information were found.
11.	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			

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes			No issues were noted in either the admissions and release area or in the property room.	
 The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File. 	\boxtimes				
 Archived files are purged after six years by shredding or burning. 	\boxtimes			Files are shredded at an appropriate time.	
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.			\boxtimes	There were no detention files being held for IGSA facilities during this review. This facility is an SPC.	
PART 7 – 38. DETENTION FILES					
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

A review of 10 detainee files, interviews with staff in the detention file area and observations of operations indicated the facility meets the requirements of this standard.

PART 7 -	39. NEWS MEDIA	INTER	VIEWS AI	ND TO	URS
This Detention Standard ensures that the responsibility through interviews and to		media :	are inform	ed of	events within the facility's areas of
Components		Meets Standards	Does Not Meet Standards	V/N	Remarks
The ICE/DRO Field Office Directinterviews by reporters, other representatives, academics and other the Detention Standard on Visitation	news media ers not covered by	\boxtimes			An interview with an SDDO assigned to Public Information duties revealed all requests were properly approved by the FOD.
 All personal interviews are documen Interview Authorization form (or equi the detainee's A-file with a copy Detention File. 	valent) and filed in	\boxtimes			Public Information staff produced the required authorization form.
 The Field Office Director consulted v before deciding to allow an interview who was the center of a control interest, or high profile case. 	w with a detainee	\boxtimes			
 Signed released forms are obtaine the detainee's a-file from any medi who photographed or recorded any way that would individually identify it 	a representatives y detainee in any	\boxtimes			A review of facility copies of signed forms indicated compliance.
 5. All press pools are organized 'a procedures in the Detention Standa A press pool may be established Office Director and facility adminished that the volume of interview resuch action. All media representatives or requested, tours, or visits we effective immediately and until media representatives must compool guidelines established by Director. All material generated from such made available to all news med first publication or broadcast. 	rd. ed when the Field istrator determine equests warrants with pending or ere notified that, further notice, all apply with the press the Field Office the a press pool is ia, without right of	\boxtimes			While no press pools have been needed in the past year, the SDDO interviewed indicated facility staff were aware of the procedures and responsibilities should a pool be established in the future.
PART 7 -	39. NEWS MEDIA	INTER	VIEWS AI	ND TO	URS

Facility policy is similar to the ICE standard and the records reviewed and interviews conducted confirmed compliance.

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. Meets Standard Does Not Meet Standard Components Remarks 1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, \times and volunteers. 2. The amount and content of training is consistent with the duties and function of each individual and the X degree of direct supervision that individual receives. 3. At least one qualified individual with specialized training for the position coordinates and oversees the Training staff for both ICE and the staff development and training program. \times contractor (Doyon) for security staff minimum, full-time training personnel complete a 40are qualified as instructors. hour training-for-trainers course. 4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility \boxtimes administrator. 5. An accurate and complete record is maintained of all formal training activities in: A review of ICE training records Individual training folders,

 \times

Other training records systems, and/or

Electronic systems.

and Doyon training records indicated compliance.

П

requiring that they receive initial and origoning remesties that				
Components	Meets Standard	Does Not Meet Standard	W/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 				Appropriate instruction was noted in the training plans for new employees, contract staff and volunteer staff.

	Toquining that they reserve militar and origining remester 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.				For those with minimal contact with detainees, training plans and records indicated that the required topics were addressed.	

requiring that they receive in	itial and origoning remestier to	1			
Compo	onents	Meets Standard	Does Not Meet Standard	N/A	Remarks
contact will receive traini at a minimum: Security procedures Code of Ethics Health-related emerged prug-free workplace Supervision of detain signs of suicide risk Suicide precautions Use-of-force regulating Petainee rules and responsited and responsited precautions Report writing Petainee rules and responsited precautions Rights and responsited precautions Rights and responsited precautions Candiopultural lifestyles Cultural diversity/unce Communication skills Cardiopulmonary results Counseling technique	regular or daily detainee ng on the following subjects, and regulations gencies gen				Professional, support staff and contractors receive the requisite training at a minimum.

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 Hostage situations and staff conduct if taken hostage. 				The training for IHSC and contract staff meets the requirements of this component.

requiring that they receive initial and ongoing refresher train	illig.			
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 areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control 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 aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 				A review of training records for ICE and Doyon staff indicated all had received instruction during orientation and annually on the topics listed in this component.
Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments.	\boxtimes			(b)(7)e
Facility management and supervisory staff receive: Management and Supervisory training	\boxtimes			Both ICE and contract management staff receive appropriate training.
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.				A review of curricula for ICE and Doyon firearms training indicated compliance.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually. 	\boxtimes			Doyon staff carry cards indicating they have been trained quarterly. ICE staff are also trained quarterly, according to records reviewed.
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	\boxtimes			Only ICE staff are permitted to use chemical agents and records reviewed indicated training occurs for those staff as required.
 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			A review of training records for ICE and Doyon staff indicated all received instruction during orientation and annually on the topics listed in this component.
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			
 18. 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. Engaging in activities that constitute a conflict of interest. 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. 	\boxtimes			A review of training records for ICE and Doyon staff indicated that all had received instruction during orientation and annually on the topics listed in this component.
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			

requiring that they receive initial and origoning refresher that	g.			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 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 resuscitation (CPR). Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. 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, 	\boxtimes			All staff in frequent contact with detainees are trained in CPR. A review of training records indicated compliance. In addition, Doyon staff carry CPR cards, which were randomly verified during the review.
including by ambulance when indicated.				
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. 				m i ta i i
 Recognizing housing or other situations where sexual abuse or assault may occur. 	\boxtimes			The reviewed training programs for ICE and Doyon staff meet the requirements of this component.
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 				requirements of this component.
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				

requiring that they receive initial and ongoing refresher the	requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
 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, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 				A review of the training curricula for ICE and contract staff indicated compliance with the requirements of this component.			
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			Appropriate training is provided during orientation and annually.			
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.				Training is provided to all staff regarding the handling and control of keys.			
25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: • The requirements of this Detention Standard • The use of force continuum • Communication techniques • Cultural diversity • Dealing with the mentally ill • 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.				A review of ICE and contract training curricula indicated the minimum training requirements are met.			

PART 7 – 40. ST	TAFF T	RAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.		\boxtimes		Contract security staff does not have incentives to continue their professional development.			
PART 7 – 40. S1	TAFF T	RAINING					
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐Repeat Finding							

A review of training records for ICE and Doyon staff, and interviews with training staff, indicated both provide a comprehensive program designed to meet the requirements of this standard.

PART 7 - 41. TRANSFER OF DETAINEES

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

Components			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. 	\boxtimes			Interviews with two Deportation and Detention Officers (DDOs) indicated ICE staff are well aware of the case management responsibilities regarding notification of a detainee.
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			Security issues may warrant discretion concerning the timing of the notification.
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. 				Policy EPC-PBNDS 11-41, Transfer of Detainees, addresses these mandates effectively.
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			A G-391 or I-216 Form is used.
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. 	\boxtimes			The DDOs indicated ICE staff would coordinate the medical transfer upon approval of IHSC staff. An IEA indicated a medical summary is provided on all transfers.
9.	Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.	\boxtimes			The USMS Transfer Medical Summary is used appropriately.

This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 For medical transfers, transporting officers receive instructions regarding medical issues. 	\boxtimes			An IEA interviewed confirmed escorts receive instructions related to medical issues.		
 Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location. 	\boxtimes			All funds, valuables and property accompany the detainee.		
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.	\boxtimes					
 Meals are provided when transfers occur during normally schedule meal times. 	\boxtimes			Sack or box lunches are provided as necessary.		
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	\boxtimes					
 A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer. 	\boxtimes					
PART 7 - 41. TRANS	FER O	FDETAIN	EES			

PART 7 - 41. TRANSFER OF DETAINEES

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

Policy EPC-PBNDS 11-41, Transfer of Detainees, provides proper guidance for staff in regard to detainee transfers. A review of operations and interviews with deportation staff indicated compliance with the requirements of this standard.

Estimated Man-days Per Year

A. Type of Facility Reviewed					
ICE Service Processi ICE Contract Detent ICE Intergovernmen					
☐ ICE Contract Detent		G. Accreditation			
☐ ICE Intergovernmen	tal Service Agreement	List all State or Nat		editation[s] rece	ived:
		ACA; NCCHC; To			-1
B. Current Inspection		Check box if ia	cinty has i	o accreditation[sj
Type of Inspection ☐ Field Office ☐ HQ Inspe	ction	H. Problems / Co	mplaints	(Copies must be	e attached)
Date[s] of Facility Review		The Facility is unde	r Court Or	der or Class Act	ion Finding
September 20-22, 2011		Court Order		Class Action Or	
<u> </u>		The Facility has Sig	mificant Li	tigation Pending	3
C. Previous/Most Recent Fa	cility Review	Major Litigation	ı 🗌	Life/Safety Issu	es
Date[s] of Last Facility Review		Check if None.			
October 12-14, 2010					
Previous Rating Meets S	Standards Does Not Meet	I. Facility Histor	y		
Standards	_	Date Built			
		1967			
D. Name and Location of Fa	cility	Date Last Remodel	ed or Upgr	aded	
Name		1998			
El Paso Service Processing Co	enter	Date New Construc		space Added	
Address (Street and Name)		1998-No bed space			
8915 Montana Avenue		Future Construction			
City, State and Zip Code		Yes No Da	ate: Renov	ations currently	y ongoing; no
El Paso, Texas 79925		new bedspace	1		
County		Current Bedspace		Bedspace (# Ne	ew Beds only)
El Paso		840	Numb	er: N/A Date:	
Name and Title of Facility Adn	ninistrator (Warden/OIC/Supt.)	T 75 (15 114)	B 1.4		
(b)(6) (b)(7)(c) Assistant Field	Office Director	J. Total Facility			
Telephone # (Include Area Cod	le)	Total Facility Intak	e for previo	ous 12 months	
915-298 (6) (b)(7)(c)		20,366 Total ICE Mandays	for Deario	ns 12 months	
Field Office / Sub-Office (List	Office with oversight)	21,410	ior Pievio	us 12 months	
El Paso, Texas		21,410			
Distance from Field Office		K. Classification	Lovel (IC	F SDCs and CT	Te Only)
Less than 1 mile		K. Classification	Lever (IC		L-3
		Adult Male	24		33
E. ICE Information		Adult Female	91		7
Name of Inspector (Last Name,		Addit Pelliare	//	21	,
(6) (b)(7)(dLCI/Safety CI / MGT		L. Facility Capac	itv		
Name of Team Member / Title		2. Tuchky cupic	Rated	Operational	Emergency
0)(6) (b)(7)(c)Food CI / MGT of A		Adult Male	568	578	800
Name of Team Member / Title		Adult Female	272	144	400
(6) (b)(7)(Security CI / MGT of		Facility holds Ju			
Name of Team Member / Title					
(6) (b)(7)(c)Medical CI / MGT o		M. Average Daily	Populatio	n	
Name of Team Member / Title			IC		Other
(6) (b)(7)(c)CI-Environmental H	saith and Safety / MG1	Adult Male	39		N/A
E CDE/ICSA Information	Only	Adult Female	12:		N/A
F. CDF/IGSA Information Contract Number	Date of Contract or IGSA				
N/A	Date of Contract of IGSA	N. Facility Staffin	ıg Level		
Basic Rates per Man-Day	<u> </u>	Security:		Support:	
Basic Raies per Man-Day		(b)(7)e		(b)(7)e	
Other Charges: (If None, Indic	ate N/A)	· / / /		1-/·/·/	

SIGNIFICANT INCIDENT SUMMARY WORKSHEET

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	12-P	12-P	6-P	19 - P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	12	12	6	19
Assault:	Types (Sexual Physical, etc.)	2-P	0	0	9 - P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	2	0	0	9
Number of Forced Moves, incl. Forced Cell moves ³		1	0	0	1
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					
Offender / Detainee Medical Referrals as a result of injuries sustained.		65	67	49	38
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	42	35	62	76
	# Resolved in favor of Offender/Detainee	16	14	8	33
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	13	11	5	9
	# Psychiatric Cases referred for Outside Care	4	7	3	7

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	Г			
1. 1	Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable	1	2	3	4
PA	RT 1 SAFETY		_	_	
1	Emergency Plans	\boxtimes			
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)	\boxtimes			
PA	RT 2 SECURITY				
4	Admission and Release	\boxtimes			
5	Classification System	\boxtimes			
6	Contraband	\boxtimes			
7	Facility Security and Control	\boxtimes			
8	Funds and Personal Property	\boxtimes			
9	Hold Rooms in Detention Facilities	\boxtimes			
10	Key and Lock Control	\boxtimes			
11	Population Counts	\boxtimes			
12	Post Orders	×			
13	Searches of Detainees	\boxtimes			
14	Sexual Abuse and Assault Prevention and Intervention	\boxtimes			
15	Special Management Units	\boxtimes			
16	Staff-Detainee Communication	\boxtimes			
17	Tool Control	⊠			
18		×			
	RT 3 ORDER				
19	Disciplinary System				
	RT 4 CARE				
20	Food Service				
21	Hunger Strikes				
22	Medical Care	×			
23	,,,				
24			므	무	
25		⊠			
	RT 5 ACTIVITIES				
	Correspondence and Other Mail			무	 _
27	Escorted Trips for Non-Medical Emergencies		<u></u>	무	무
28	<u> </u>			무	
29				<u> </u>	
30	·				
31		⊠			
32			∺	┝╬╴	
33					
	RT 6 JUSTICE Detainee Handbook				
34 35			∺	┝╬╴	
	Grievance System Law Libraries and Legal Material		-		
37			┝∺╴	┝╬╴	
	RT 7 ADMINISTRATION & MANAGEMENT				
38		\boxtimes			
39					
40		⊠		 	
	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 C	LEAD COMPLIANCE INSPECTOR						
Lead Compliance Inspector: (Print Name)	Signature						
(b)(6) (b)(7)(c)							
Title & Duty Location	Date						
LCI, MGT	September 22, 2011						
1	TEAM MEMBERS						
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location						
(b)(6) (b)(7)(c) , CI-Security, MGT	(b)(6) (b)(7)(c) CI-Medical Care, MGT						
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location						
(b)(6) (b)(7)(c) CI-Food Service, MGT	b)(6) (b)(7)(c) CI-Environmental Health and Safety, MGT						
Recommended Rating: Meets State Does Not	andards Meet Standards						

Comments:

The EPSPC is a direct supervision facility that can house up to 722 ICE detainees under normal operations. Contract staff performs many operational duties, to include: security; transportation; cleaning; maintenance (limited); and food service. The level of staff/detainee communication was very high. ICE staff has a high profile in the facility and are available to detainees daily.

There were no escapes, attempted escapes, deaths or attempted suicides during the previous 12 months. There was one complaint submitted by a detainee in January 2011 regarding possible discrimination by contract staff regarding law library use. The complaint was reviewed by the ICE Office of Professional Responsibility (OPR) and subsequently returned to the facility for investigation. The investigation was concluded and forwarded to the OPR for a final decision. At the present time, a final decision has not been rendered.

	(b)(7)e	
	(D)(1)E	

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



MEMORANDUM FOR:

Adrian P. Macias

Field Office Director

El Paso Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

El Paso Processing Center Annual Review 2011

The annual review of the El Paso Processing Center conducted on September 20 - 22, 2011, in El Paso, Texas, has been received. A final rating of "<u>Meet Standards</u>" has been assigned and this review is now closed.

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

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before September 20, 2012.

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

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

Deputy Assistant Director, Detention Management Division at (202) 732 (6) (b)(7)(c)

cc: Official File

ICE: (b)(6), (b)(7)c : 11/2011