Basic Rates per Man-Day

Estimated Man-days Per Year

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

\$69.59

N/A;

540,625

A. Type of Facility Reviewed	1						
ICE Service Processin							
ICE Contract Detent		G. Accreditation Certificates					
	tal Service Agreement	List all State or N	lational Ac	credita	tion[s] recei	ved	:
	5	American Correc	tional Asso	ciation	l		
B. Current Inspection		Check box if	facility has	no aco	creditation[s	[]	
Type of Inspection							
Field Office HQ Inspec	ction	H. Problems / C	Complaints	(Cop	ies must be	att	tached)
Date[s] of Facility Review		The Facility is un	der Court (Order o	r Class Acti	on]	Finding
February 1-3, 2011		Court Order		Class	s Action Ord	der	
		The Facility has S	Significant	Litigat	ion Pending		
C. Previous/Most Recent Fac	cility Review	☐ Major Litigati	on	Life/	Safety Issue	es	
Date[s] of Last Facility Review		☐ Check if Non	ie.				
February 16-18, 2010							
Previous Rating		I. Facility Hist	tory				
	eptable Deficient At-Risk	Date Built					
Superior Good Free	public Deficient 1 it itiss	1994					
D. Name and Location of Fa	cility	Date Last Remod	leled or Up	graded			
Name	cmty	2007					
Eloy Federal Detention Center		Date New Constr	ruction / Be	dspace	Added		
Address (Street and Name)		N/A		•			
1705 East Hanna Road		Future Construction Planned					
City, State and Zip Code		☐ Yes ⊠ No	Date:				
Eloy, Arizona 85131		Current Bedspace		re Bed	space (# Ne	w B	eds only)
County		1596	Num		Date:		· · · · · · · · · · · · · · · · · · ·
Pinal							
Name and Title of Facility Adminis	strator	J. Total Facilit	ty Populati	on			
(Warden/OIC/Superintendent) (b)(6), (b)(7)c		Total Facility Inta			2 months		
Telephone # (Include Area Code)		11,369	r				
(520) 4(6)(6), (b)(7)c		Total ICE Manda	vs for Prev	ious 12	2 months		
Field Office / Sub-Office (List Offi	ice with oversight responsibilities)	543,755	.,				
Phoenix, AZ							
Distance from Field Office		K. Classificatio	n Level (I	CE SP	Cs and CD	Fs (Only)
60 miles					L-2		L-3
		Adult Male		I/A	N/A		N/A
E. ICE Information		Adult Female		V/A	N/A		N/A
Name of Inspector (Last Name,				··	1,712		1,712
(b)(6), (b)(7)6Lead Compliance Insp		L. Facility Cap	acity				
Name of Team Member / Title		2. Tuemey cup	Rated	Or	erational	E	mergency
(b)(6), $(b)(7)$ CI-Security / MGT of A		Adult Male	1350		1250	F	1350
Name of Team Member / Title		Adult Female	496		496		496
b)(6), (b)(7)cCI-Medical Care / MG		Facility holds		ffender		er a	
Name of Team Member / Title	•	ruemty noites	Jarennes O		. IO and old	u	
(b)(6), (b)(7)c / CI-Food Service &	Safety / MGT of America, Inc.	M. Average Da					
				CE	USMS		Other
F. CDF/IGSA Information (Only	Adult Male	1.	153	N/A		N/A
Contract Number	Date of Contract or IGSA	Adult Female	3	37	N/A		N/A
DROIGSA 06-0002	May 14, 2007						
Pagia Patas par Man Day	111ay 17, 2001	N. Facility Staf	fing Level				

Security:

(b)(7)e

ICE 2012 FOIA03030 018480 Form G-324A SIS (Rev.	0/2/00)
Form G-324A SIS (Rev.	9/3/08)

Support:

(b)(7)e

Emergency 1350 496

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.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	1	1	0	0
	Without Weapon	12	16	11	14
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	3	2	2	1
Number of Forced Moves, incl. Forced Cell moves ³		5	5	7	4
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		1	0	1	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	0	0
Escapes	Attempted	0	0	0	0
-	Actual	0	0	0	0
Grievances:	# Received	103	37	54	62
	# Resolved in favor of Offender/Detainee	9	6	18	8
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	632	433	519	507
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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

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

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

	DHS/ICE Detention Standards Review Summary Report				
1. N	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PAF	RT 1 SAFETY				
1	Emergency Plans	\boxtimes			
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)	\boxtimes			
PAF	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	\boxtimes			
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	\boxtimes			
18	Use of Force and Restraints	\boxtimes			
PAF	RT 3 ORDER				
19	Disciplinary System	\boxtimes			
PAF	RT 4 CARE				
20	Food Service	\boxtimes			
21	Hunger Strikes	\boxtimes			
22	Medical Care	\boxtimes			
23	Personal Hygiene	\boxtimes			
24	Suicide Prevention and Intervention	\boxtimes			
25	Terminal Illness, Advance Directives, and Death	\boxtimes			
PAF	RT 5 ACTIVITIES				
26	Correspondence and Other Mail	\boxtimes			
27	Escorted Trips for Non-Medical Emergencies				\boxtimes
28	Marriage Requests	\boxtimes			
29	Recreation	\boxtimes			
30	Religious Practices				
31	Telephone Access	\boxtimes			
32	Visitation	\boxtimes			
33	Voluntary Work Program				
PAF	RT 6 JUSTICE				
34	Detainee Handbook	\boxtimes			
35	Grievance System	\boxtimes			
36	Law Libraries and Legal Material				
37	Legal Rights Group Presentations	\boxtimes			
PAF	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files	\boxtimes			
~~	Determion Tiles				
39	News Media Interviews and Tours				
-		1			

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)c Title & Duty Location	Date
Lead Compliance Inspector / MGT of America, Inc.	February 3, 2011
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Security, MGT of America, Inc. Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Finit Name, Title, & Duty Location	Finit Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Medical Care, MGT of America, Inc.	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Food Service/Environmental Health & Safety, MGT of America	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Recommended Rating: Meets Stand Does Not M	dards Ieet Standards
Comments:	
(b)(7	7)e
Canines are not used at this facility.	(b)(7)e
, —	

There have been no deaths, suicide attempts, escapes or escape attempts at this facility during the past year.

Staff were questioned about the number of medical cases referred for outside medical care. They indicated that one of the contributing factors is the older age of the population. It was noted that the number of referrals made during the timeframe covered by this inspection is only slightly higher lower than the previous year. During the 2010 inspection, 2,052 referrals were made for outside medical care. At the 2011 inspection, it was reported that 2,091 referrals have been made for outside medical care. It should also be noted that this facility houses pregnant detainees whose care is managed under contract by a local OB/GYN. At the time of the inspection, the facility housed 11 pregnant detainees.

MANAGEMENT REVIEW		
Review Authority		
The signature below constitutes review of this report at The Facility and FOD have 30 days from receipt of		d recommendations.
HQDRO MANAGEMENT REVIEW: (Print Name)	Signature	
Title	Date	
Final Rating: Meets Standards Does Not Meet Standards		
Comments:		

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



MEMORANDUM FOR:

Katrina S. Kane

Field Office Director

FROM:

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

Assistant Director for Setention Management

SUBJECT:

Eloy Federal Detention Center Annual Review

The annual review of the Eloy Federal Detention Center conducted on February 1-3, 2011, in Eloy, Arizona has been received. A final rating of <u>Meets Standards</u> has been assigned. No further action is required and this review is closed.

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

- 1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility <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 February 1, 2012.

Should you or your staff have any questions regarding this matter, please contact (b)(6), (b)(7)c Acting Deputy Assistant Director, Detention Management Division at (202) 732-(b)(6), (b)(7)c

cc:	Offic	ial File	
	ICE:	(b)(6), (b)(7)c	03/22/2011
	ı	(b)(7)e

Review Authority The signature below constitutes review of this report and acceptance by the Review Authority. OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations. HQDRO EXECUTIVE REVIEW: (Please Print Name) (b)(6), (b)(7)c TITUE Assistant Director for Detention Management Final Rating: Meets Standards Does Not Meet Standards The Review Authority concurs with the recommended rating of "Meets Standards" for Eloy Federal Detention Center

Annual Review. No further action is required and this review is closed.

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

☐ ICE Service Processing Center (SPC)
☐ ICE Contract Detention Facility (CDF)
Name
Eloy Federal Detention Center
Address (Street and Name)
1705 East Hanna Road
City, State and Zip Code
Eloy, Arizona 85131
County
Pinal
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility
Administrator)
Charles DeRosa, Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c LCI
Date[s] of Review
From 2/1/11 to 2/3/11
Type of Review
☑ Headquarters ☐ 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.

Table of Contents

SECTION I - SAFETY

Emergency Plans

Environmental Health and Safety

Transportation (By Land)

SECTION II - SECURITY

Admission and Release

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Special Management Units

Staff-Detainee Communication

Tool Control

Use of Force and Restraints

SECTION III - ORDER

Disciplinary System

SECTION IV - CARE

Food Service

Hunger Strikes

Medical Care

Personal Hygiene

Suicide Prevention and Intervention

Terminal Illness, Advance Directives, and Death

SECTION V - ACTIVITIES

Correspondence and Other Mail

Escorted Trips for Non-Medical Emergencies

Marriage Requests

Recreation

Religious Practices

Telephone Access

Visitation

Voluntary Work Program

SECTION VI – JUSTICE

Detainee Handbook

Grievance System

Law Libraries and Legal Material

Legal Rights Group Presentations

SECTION VII – ADMINISTRATION & MANAGEMENT

Detention Files

News Media Interviews and Tours

Staff Training

Transfer of Detainees

Performance-Based National Detention Standards

Section I SAFETY

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

PART 1 – 1. EMERGENCY PLANS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			
3.	Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees Staff is trained to identify signs of detainee unrest.				Staff in two in additional district
•	What type of training and how often?				Staff is trained during initial orientation in Crisis Communication. Annual training is provided in Inmate Communication.
4.	Staff effectively disseminates 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			Each emergency plan is strictly accounted for and is assigned a number. A list identifying locations is maintained by the Chief of Security and the Quality Assurance Manager.
7.	All staff receives training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			
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			
9.	 The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	\boxtimes			The Chief of Security is responsible for the updating of the emergency manuals. The annual review and update is conducted by the Warden, Assistant Warden, Chief of Security and the Health Services Administrator and addresses all requirements of this component. The most recent review and updated occurred on November 22, 2010.

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.

quickly and effectively respond to any emergency situations that					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
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	This component is only applicable for SPCs and CDFs. The facility's contingency plans do not include a procedure to notify neighbors residing in close proximity to the facility.	
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 				This component is only applicable for SPCs and CDFs. However, the facility does have cooperative contingency plans with several correctional centers, the Pinal County Sheriff's Department, the Eloy Fire District, and the Eloy Police Department.	
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	This component is only applicable for SPCs and CDF. However, the facility conducts a mock emergency exercise with those agencies in which they have Memoranda of Understanding. Three quarterly functional exercises and one quarterly full scale exercise are conducted with partner agencies.	
14. All staff receives copies of the Facility Hostage policy and procedures.			\boxtimes	This component is only applicable for SPCs and CDFs. Staff does not receive copies of the Facility Hostage policy and procedures.	
15. Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, staff is trained to disregard instructions from hostages, regardless of rank. Policy does not specify a time frame to be screened after release.	
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.			\boxtimes	This component is only applicable for SPCs and CDFs. The facility utilizes Language Line Services for translator services in the event it is needed during a hostage crisis.	

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.

1 1 1 0				· · · · · · · · · · · · · · · · · · ·
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				This component is only applicable for SPCs and CDFs. The facility's emergency plans include treatment for staff and detainees during and after an incident.
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.			\boxtimes	This component is only applicable for SPCs and CDFs. The Food Service Department maintains a 14-day supply of emergency meals for staff and detainees.
 Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). 				This component is only applicable for SPCs and CDFs. The emergency plans illustrate the locations of shut-off valves and switches for utilities.
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 	\boxtimes			
 21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances 				The facility has developed written procedures which address all requirements of this component.
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes			
PART 1 – 1. EME	RGEN	CY PLANS	5	
	ndard	□ N/A	A	☐Repeat Finding

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

The facility has comprehensive emergency plans in place to quickly and effectively respond to any emergency situation that may arise. The facility plans comply with the requirements of the PBNDS.

The emergency plans were reviewed and are in compliance with the required components of the PBNDS.

Staff is trained annually on the plans.

The facility conducts mock emergency exercises with partner agencies which have entered into a Memoranda of Understanding on a quarterly basis. Three of the quarterly exercises are functional and one is a full scale exercise).

A review of the emergency plans is conducted on a yearly basis by the Warden, Assistant Warden, Chief of Security and the Health Services Administrator. The most recent annual review and update occurred November 22, 2010.

(b)(6), (b)(7)c February 3, 2011

Reviewer's Signature / Date

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.

Tac	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 a hazardous materials program for the control, handling, storage and use of flammable, toxic and caustic materials.		
2.	toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			A review of the facility's hazardous chemicals storage areas indicated accurate inventories are being maintained.		
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. 				The facility Safety Officer maintains a master index of all hazardous substances in the facility. The index identifies storage area locations and includes a plant diagram. A master file of MSDSs is also 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					
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			MSDSs are available in all work areas as well as in the housing units.		
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervises detainees using these substances. 	\boxtimes			The facility maintains limited quantities of hazardous materials. Food service dishwashing machines and laundry machines have remote dispensing systems. A review of documentation indicates that detainees receive training regarding the use of all hazardous materials. Observations revealed that staff supervises detainees using hazardous materials.		
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					

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.

facility standards of cleanniness and saintation, safe work practices, and control of nazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			The facility utilizes remote dispensing systems for food service dish machines and the laundry's washing machines. Caustic materials used in these areas are stored in a secure area.	
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\boxtimes				
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	The facility does not utilize products containing methyl alcohol.	
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	\boxtimes			Documentation is on file indicating that all staff and detainees using hazardous materials receive advanced training regarding the use, storage and disposal of such items.	
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	\boxtimes			The facility is in compliance with the applicable codes, standards and regulations of the NFPA and OSHA. The facility Safety Manager is OSHA certified.	
14. A technically qualified staff member conducts fire and safety inspections.	\boxtimes				
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes				
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The facility's fire prevention, control and evacuation plan has been approved.	
 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 facility has a comprehensive fire prevention, control and evacuation plan in place. All aspects of this component are addressed in the plan.	
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				Documentation is on file indicating fire drills in conjunction with emergency key drills are conducted on a quarterly basis.	

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
19. A sanitation program covers barbering operations.	\boxtimes			
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			Needles and sharps are handled and disposed of in accordance with written policy and procedures.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			
 Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			
25. Spill kits are readily available.	\boxtimes			Spill kits were observed in each housing unit as well as in the laundry, kitchen, medical services unit, and safety department.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			Infectious/bio-hazardous waste is disposed of by a licensed medical waste contractor on a regular basis.
 Staff is trained to prevent contact with blood and other body fluids and written procedures are followed. 	\boxtimes			
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			
 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			A licensed and certified pest control company conducts bi-weekly inspections. Preventative spraying is provided.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			Drinking water is tested by the Arizona Department of Environmental Quality on a monthly basis.
 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). 	\boxtimes			Emergency generators are tested on a weekly basis. Load tests are conducted on a monthly basis. Any needed repairs or corrective action is initiated.

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

32. The Facility appears clean and well maintained. 33. Hazardous material storage coms meet the security and structural requirements of the standard. Storage cotinets meet the physical requirements specified in the standard. 34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation. 35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment. 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, and provide advisory, consultative, inspection, and training services regarding environmental health conditions. 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. 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: 4. American Correctional Association, 5. Cocupational Safety and Health Administration, 5. Institute of the environmental free protection Agency, 6. Food and Drug Administration, 8. National Center for Disease Control and Prevention. 5. PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY	facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Same	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard. 34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation. 35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment. 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. 37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These 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. 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: • American Correctional Association, • Occupational Safety and Health Administration, • Environmental Protection Agency, • Food and Drug Administration, • National Fire Protection Association's Life Safety Code, and • National Center for Disease Control and Prevention. PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY	32. The Facility appears clean and well maintained.	\boxtimes			facility was observed to be maintained at a high level at the		
program supporting a high level of environmental sanitation. 35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment. 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. 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. 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 Association's Life Safety Code, and • National Fire Protection Association's Life Safety Code, and • National Center for Disease Control and Prevention. Documentation is on file indicating that medical facility inspections are being conducted by the Health Service Administration in that medical facility inspections are being conducted by the Health Service Administration is on file indicating that medical facility inspections are being conducted by the Health Service Administration is a displaying and eliminate or adaily beast in the service Administration is on file indicating that medical facility inspections are being conducted by the Health Service Administration is a displaying and eliminate or adaily beast in the service and indicating that medical facility inspections are being conducted by the Health Service Administration is a displaying and eliminate or a facility inspection and inspection includes and eliminate or a facil	and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.						
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maintained at a level that meets recognized standards of safety and hygiene, including those from the: • American Correctional Association, • Occupational Safety and Health Administration, • Environmental Protection Agency, • Food and Drug Administration, • National Fire Protection Association's Life Safety Code, and • National Center for Disease Control and Prevention. PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY	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				for developing and implementing policies, procedures, and guidelines for the environmental health		
	 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 	\boxtimes					
Meets Standard Does Not Meet Standard N/A Repeat Finding	PART 1 – 2. ENVIRONMEN	TAL HI	EALTH AN	ND SA	FETY		
	☐ Meets Standard ☐ Does Not Meet Sta	ndard		<u> </u>	Repeat Finding		

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

The facility has developed and implemented an extensive hazardous materials program. The program provides policy and procedures for the control and handling as well as the storage and use of flammable, toxic, and caustic materials. The facility Safety Officer oversees this program and is instrumental in maintaining an effective system for storing, issuing, and maintaining inventories of and accountability for all hazardous materials.

Hazardous chemical storage areas within the facility were inspected and were found to be well organized and clean at the time of the inspection. All chemical storage areas maintain a running inventory of all items. All inventories were checked and found to be accurate. A review of the facility's personnel training curriculum indicates that all staff are trained in the handling of hazardous chemicals. A review of detainee files indicates that detainees receive training regarding the use of hazardous materials.

The physical plant is well maintained. Detailed weekly safety and sanitation inspections are conducted by the facility's Safety Officer and by Public Health Services staff. The food service department is inspected annually by an outside independent source.

Monthly fire inspections are being conducted and documented. All fire suppression, sprinkler, and smoke evacuation systems are tested and approved by outside sources. There are fire enunciator panels in the units, control room, and front lobby. All have been inspected and certified. The latest fire inspection was conducted by the Pinal County Fire Marshal in July of 2010.

Fire drills are being conducted and documented on a quarterly basis. Fire drills also include the use of emergency key drills. Emergency response times are recorded. All drill responses are within four minutes.

The facility complies with the most current editions of applicable codes and standards. All fire and safety codes are compliant with OSHA and NFPA. The facility's Safety Manager is OSHA certified.

Each housing unit has its own barbering facility with hot and cold water and the equipment necessary to meet sanitation requirements. Each area has a tool box containing clippers, guards, capes and disinfectant. Sanitation regulations are posted in each area. An inspection of these areas found them to be neat, clean and well organized at the time of the review.

The facility has a comprehensive safety and sanitation program in place. All areas of the facility were visited including: housing units, administration facility, medical units, laundry, food service, recreation, and the religious service and multipurpose areas. Sanitation levels were observed to be maintained at a high level throughout the facility.

(b)(6), (b)(7)c February 3, 2011 Reviewer's Signature / Date

	PART 1 – 3. TRANSPO	RTATI	ON (BY L	AND)				
ma	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 the detainee case.	handle	d only by tl	he ICE	Field Office or Sub-Office in control			
	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						
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	The facility does not utilize buses and therefore CDL licensure is not required.			
3.	Supervisors maintain records for each vehicle operated.							
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes			The facility inspects vehicles on an ongoing and annual basis. The State of Arizona and Pinal County does not require annual inspection of vehicles.			
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						
6.	Officers use a checklist during every vehicle inspection.							
	 Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 							
7.	 Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. 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						
8.	 (b)(7) cofficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there are (b)(7) qualified officers per vehicle. An unaccompanied driver transports an empty vehicle. 			\boxtimes	The facility does not utilize buses for transportation.			

	PART 1 – 3. TRANSPO	RTATI	ON (BY L	AND)	
ma	is Detention Standard prevents harm to the general public, det intained, and operated and that detainees are transported in a dexperienced staff.				
	Standard NA: Check this box if all ICE Transportation is the detainee case.	handle	d only by tl	he ICE	Field Office or Sub-Office in control
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9.	The transporting officer inspects the vehicle before the start of each detail.	\boxtimes			Inspections are documented.
10.	Positive identification of all detainees being transported is confirmed.	\boxtimes			
11.	All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			
12.	The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes			
13.	All uniformed officers (b)(7)e				This component is only applicable for SPCs and CDFs; however, staff (b)(7)e
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			
15.	Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			
16.	Officers ensure that no one contacts the detainees. (b)(7)e officer remains in the vehicle at all times when detainees are present.	\boxtimes			
17.	 Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes			
18.	 The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 	\boxtimes			

PART 1 – 3. TRANSPORTATION (BY LAND)				
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.				
Standard NA: Check this box if all ICE Transportation is of the detainee case.	handle	d only by th	ne ICE	Field Office or Sub-Office in control
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
19. Vehicles have:				
• (b)(7)e				
20. The vehicles are clean and sanitary at all times.				
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 				Facility staff only transports detainees to medical appointments or the hospital. Facility staff does not transfer detainees to other facilities.
 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			
PART 1 – 3. TRANSPO	RTATI	ON (BY L	AND)	
	ndard	□ N/A	\	☐Repeat Finding

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

The facility's transportation policy was reviewed and meets the requirements of the PBNDS.

The facility does not utilize buses for transportation. Therefore, CDL licensure is not required for staff.

Ongoing and annual vehicle inspection documents, repair documents, and vehicle inspection checklists were reviewed and indicated that established facility policy is being followed.

The facility provides transportation of detainees for medical appointments and local hospitals only. Facility staff does not transport detainees being transferred to other facilities.

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

February 3, 2011

Reviewer's Signature / Date

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.

operations when detainees are admitted to of released from a facility.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				IGSAs are only required to have an orientation that includes the detainee handbook. The other requirements of this component are only applicable to SPCs and CDFs. During orientation, all detainees view a video and receive the ICE National Detainee Handbook as well as a facility handbook. Staff conducts a question and answer session with detainees after the video is viewed. All of the areas listed in this component are covered in the orientation video and/or the handbooks which detainees receive.
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			Medical staff conducts all medical and mental health screenings.
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.				The portion of this component requiring new detainees to be segregated from the general population during the orientation and classification period is specific to SPCs and CDFs. All detainees arrive with a completed Form I-213 which contains identification information and the criminal history of each detainee. Detainees are classified immediately upon arrival and placed in a housing unit appropriate to their classification level. Orientation is conducted the next day in the library.
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			

PART 2 – 4. ADMISSION AND RELEASE

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

operations when detainees are admitted to of released from a facility.							
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
reaso routin subjec cause All sti	nees are subjected to a strip search only when nable suspicion has been established and not as e policy. Non-criminal detainees are never cted to a strip search but are patted down unless or reasonable suspicion has been established. rip searches are documented on G-1025, or alent, with proper supervisory approval.				The section of this component that requires all strip searches to be documented on G-1025, or equivalent, with proper supervisory approval is specific to SPCs and CDFs. Reasonable suspicion must be established, documented, and authorized by supervisory staff prior to a strip search being conducted. Documentation is completed on Form G-1025 and authorized by supervisory staff.		
prope simila comp The d are in the A-	"Contraband" standard governs all personal rty searches. IGSAs and CDFs use or have a r contraband standard. Staff prepares a lete inventory of each detainee's possessions, etainee receives a copy. All identity documents ventoried and given to ICE staff for placement in file. All funds and valuables are safeguarded in dance with ICE Policy.	\boxtimes					
and I	completes Form I-387 or similar form for CDFs GSAs for every lost or missing property claim. ties forward all I-387 claims to ICE.	\boxtimes					
	nees are issued appropriate and sufficient ng and bedding for the climatic conditions.	\boxtimes					
9. All rel	eases are coordinated with ICE.			\boxtimes	This component is only applicable for SPCs and CDFs. All releases are coordinated with ICE staff in advance of the release date.		
10. Staff requir	completes paperwork/forms for release as ed.				A review of a release in progress confirmed all of the appropriate documents were being completed.		
	detainee receives a receipt for personal property ed by the facility.	\boxtimes			Detainees are issued receipts for property and funds.		
	acility has a system to maintain accurate records documentation for admission, orientation, and se.	\boxtimes					
remov Alien action				\boxtimes	This component is only applicable for SPCs and CDFs. All of the detainees release files are forwarded to ICE personnel who make the appropriate entries in the EADM.		
Spani	entation material shall be provided in English, sh, and other language(s) as determined by the Office Director.				The detainee handbooks are provided in Spanish and English.		
	PART 2 – 4. ADMISS	SION A	ND RELEA	ASE			

☐ Meets Standard ☐ Does Not Meet Standard	□ N/A	Repeat Finding	
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Remarks: (Record significant facts, observations, other sources used, etc.)

The intake and release process is well coordinated between facility staff and ICE personnel. All of the files and forms used by the facility appeared to be accurate and complete. Specific staff is assigned to process intakes and releases and conduct orientation on a daily basis. These staff were interviewed and appeared to be well versed in policies and procedures and efficient in their duties. During the orientation process, detainees are given a sample copy of all of the forms available for their while housed at this facility. A detailed explanation regarding the forms is provided.

(b)(6), (b)(7)c February 3, 2011
Reviewer's Signature / Date

PART 2 – 5. CLASSIFICATION SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes			The portion of this component requiring the facility use the required Objective Classification System is specific to SPCs and CDFs. This facility uses an additive point scale system which is an Objective Classification System.
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			ICE personnel provide a Form I-213 for detainees transferred to the facility. This form provides identification information, criminal history, current charges, and prior institutional behavior. Policy requires that all detainees are classified prior to placement in a housing unit. The Classification Supervisor reviews all classification decisions.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			
4.	Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	\boxtimes			
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			All housing units have individual recreation yards. Thus, detainees of the same classification level participate in recreation together.
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.				The section of this component requiring subsequent reassessments to be completed at 90 day to 120 day intervals is specific to SPCs and CDFs. This facility conducts the first reassessment/reclassification within 90 days and every subsequent reassessment within 120 days. All special reassessments such as when a detainee is removed from segregation are completed within 24 hours.

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.

vermable and documented data.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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.				The section of this component that indicates that only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal is specific to SPCs and CDFs. All detainees may appeal their classification level or housing assignment via the grievance system. Only the Classification Supervisor or Assistant Warden has the authority to reduce a classification assignment.	
Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	\boxtimes			The portion of this component requiring classification appeals to be resolved in five business days is specific to SPCs and CDFs. All appeals at this facility are resolved within five business days and the detainees receive written notice within 10 business days.	
Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.			\boxtimes	This component is only applicable for SPCs and CDFs. Appeals may be directed to the Assistant Warden and/or Warden.	
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes			The detainee handbook contains detailed information regarding this facility's classification processes and system.	
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			The section of this component requiring detainees to be assigned color-coded uniforms and IDs to reflect classification levels is specific to SPCs and CDFs. This facility places detainees in color-coded uniforms based on custody levels. Level 1 is green, level 2 is tan, and level 3 is blue).	
PART 2 – 5. CLASSI	FICAT	ION SYST	EM		
☐ Meets Standard ☐ Does Not Meet Stan	ndard	□ N /A	A	Repeat Finding	

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

This facility reviews factual documentation provided by ICE personnel that accompanies each detainee transferred to the facility. The documentation contains criminal histories and prior institutional behavior. An objective point scale instrument is used in the classification process to document findings gathered during a face-to-face interview that occurs at intake. All detainees are immediately interviewed by medical staff during the intake process to identify any mental health and/or medical issues. All of this factual and detailed information is used to assign each detainee an appropriate classification level. Policy allows for appeals to be directed to facility staff as well as to ICE staff.

(b)(6), (b)(7)c February 3, 2011 Reviewer's Signature / Date

PART 2 – 6. CONTRABAND

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

	controlling, and properly disposing of contraband.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.	\boxtimes			The portion of this component requirement for staff to inventory, hold, and report contraband to the proper authority for action/possible seizure is specific to SPCs and CDFs. The facility complies with this component in its entirety.	
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.			\boxtimes	This component is only applicable for SPCs and CDFs. However, the facility does retain contraband that is government property as evidence for potential disciplinary action or criminal prosecution.	
3.	Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.			\boxtimes	This component is only applicable for SPCs and CDFs. Staff returns property not needed as evidence to the proper authority pursuant to written procedures.	
4.	Altered property is destroyed following documentation and using established procedures.	\boxtimes				
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.			\boxtimes	This component is only applicable for SPCs and CDFs; however, the facility's chaplain is contacted prior to the confiscation of religious items.	
6.	Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes				
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. 				The sections of the component that requires hard contraband that is illegal (under criminal statutes) if retained, be secured when not in use and be used under specific written procedures is specific to SPCs and CDFs. The facility does not retain or use hard contraband that is illegal for official or training purposes. Soft contraband is mailed to a third party or stored in accordance with the facility's policy and procedure and the detention standard.	
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	\boxtimes				

PART 2 – 6. CONTRABAND						
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Facilities with Canine Units only use them for contraband detection.	\boxtimes			Canine units are only used for contraband detection on the exterior of the facility and are not used inside the secure perimeter.		
PART 2 – 6. CONTRABAND						
☑ Meets Standard ☐ Does Not Meet Stan	ndard	□ N /A	1	☐Repeat Finding		

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

The facility's contraband policy was reviewed and meets the requirements of the ICE PBNDS.

The facility's policy delineates the procedures for contraband to be identified, detected, controlled, and disposed of properly.

An interview with staff and review of documentation indicated that the facility policy was being followed at the time of the inspection.

Canine units are only used for contraband detection on the exterior of the facility, and are not used inside the secure perimeter.

(b)(6), (b)(7)c February 3, 2011

Reviewer's Signature / Date

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			These visits are documented in the housing units.
2.	At least one male and one female staff are on duty where both males and females are housed.	\boxtimes			
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			The facility's staffing analysis is done on an annual basis.
4.	Essential posts and positions are filled with qualified personnel.	\boxtimes			
5.	Every Control Center officer receives specialized training.	\boxtimes			
6.	Policy restricts staff access to the Control Center.			\boxtimes	This component is only applicable for SPCs and CDFs; however, policy restricts staff access to Central Control.
7.	Detainees do not have access to the Control Center.			\boxtimes	This component is only applicable for SPCs and CDFs; however, detainees do not have access to the Central Control.
8.	Communications are centralized in the Control Center.			\boxtimes	This component is only applicable for SPCs and CDFs; however, communications are centralized in Central Control.
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	\boxtimes			
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).			\boxtimes	This component is only applicable for SPCs and CDFs. The facility does not maintain employee Personnel Data Cards or contact equivalent in Central Control.
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.			\boxtimes	This component is only applicable for SPCs and CDFs. (b)(7)e
12.	Staff makes watch calls (b)(7)e between 6 PM and 6 AM.			\boxtimes	This component is only applicable for SPCs and CDFs; however, staff does make watch calls (b)(7)e between 6 p.m. and 6 a.m. which is documented.

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.

security is maintained and that events that pose a risk of narm are prevented.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes				
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.					
15. All visits officially recorded in a visitor logbook or electronically recorded.					
16. The facility has a secure, color-coded visitor pass system.	\boxtimes				
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes				
18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:					
The driver's name					
Company represented					
Vehicle contents	\boxtimes				
Delivery date and time					
Date and time out					
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	This component is only applicable for SPCs and CDFs. The Sally Port officer thoroughly searches each vehicle entering and leaving the facility.	
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.					
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.					
24. Housing area searches occur at irregular times.			\boxtimes	This component is only applicable for SPCs and CDFs; however, housing unit searches occur at irregular times.	

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.

security is maintained and that events that pose a risk of narm an	I			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			The facility utilizes direct supervision in the housing units.
26. There are post orders for every security officer post.	\boxtimes			
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes			
29. Every search of the SMU and other housing units is documented.				
30. The SMU entrance has a sally port.			\boxtimes	This component is only applicable for SPCs and CDFs. The SMU which houses male detainees does have a sally port entrance. The SMU which houses female detainees is located in the Level 3 unit and does not have a sally port entrance. During the inspection, there were three women on SMU status.
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 	\boxtimes			IGSAs are only required to have a comprehensive security inspection policy. The bulleted sections of this component are only applicable to SPCs and CDFs. However, the facility is in compliance with these sections. The facility does have a comprehensive security inspection policy.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.				This component is only applicable for SPCs and CDFs. Each officer is required to conduct a security check of his/her assigned area which is documented and maintained in the Chief of Security's office.
34. Documentation of security inspections is kept on file.	\boxtimes	Ш		

PART 2 – 7. FACILITY SECURITY AND CONTROL							
This Detention Standard protects the community, staff, contractor security is maintained and that events that pose a risk of harm an	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			
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			\boxtimes	This component is only applicable for SPCs and CDFs. Procedures ensure that recurring problems are reported to the appropriate manager.			
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes						
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						
40. Visitation areas receive frequent, irregular inspections.	\boxtimes						
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes			The Chief of Security is responsible for this function.			
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.							
FACILITY SECURI	TY AN	D CONTR	OL				
Remarks: (Record significant facts, observations, other sources used, etc.) The facility's policies and procedures were reviewed and meet the requirements of the ICE PBNDS. The facility has a comprehensive security inspection policy and maintains excellent documentation of searches and inspections. A review of the documentation and observation of procedures indicated that established facility policies were being followed at the							

time of the inspection.

The SMU which houses male detainee has entrances with sally ports. The female level 3 unit is used as the SMU to house female detainees, and it does not have a sally port entrance. Sally port entrances for SMUs are not a requirement for IGSAs.

(b)(6), (b)(7)c February 3, 2011

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY								
valu	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes							
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes							
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							
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	This component is only applicable for SPCs and CDFs. This facility has b)(7) officers present during the processing of funds and valuables. (b)(7)eofficers verify funds.				
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	\boxtimes							
6.	Staff gives the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.			\boxtimes	This component is only applicable for SPCs and CDFs. The facility provides detainees with the original inventory form and files remaining copies in the property and detention files.				
7.	Staff forwards an arriving detainee's medicine to the medical staff.	\boxtimes							
8.	Staff searches arriving detainees and their personal property for contraband.	\boxtimes							
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.			\boxtimes	This component is only applicable for SPCs and CDFs. This facility reports all property discrepancies to the Chief of Security.				
10.	Staff follows written procedures when returning property to detainees.	\boxtimes							
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes							

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
valu	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	V/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					
13.	Staff obtains a forwarding address from each detainee.	\boxtimes					
14.	It is standard procedure for $b(0)$ officers to be present when removing/documenting the removal of funds from a detainee's possession.			\boxtimes	This component is only applicable for SPCs and CDFs. This facility has b)(7) officers present when removing/documenting detainee's funds		
15.	Staff issue and maintain property receipts (G-589s) in numerical order.			\boxtimes	This component is only applicable for SPCs and CDFs. Property receipts are maintained in alphabetical order.		
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.			\boxtimes	This component is only applicable for SPCs and CDFs. Property receipts are completed and distributed appropriately.		
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	This component is only applicable for SPCs and CDFs. The processing officer records each property receipt in a logbook. The record has the initials of the receipting officer.		
18.	Staff tags large valuables with both a G-589 and an I-77.			\boxtimes	This component is only applicable for SPCs and CDFs. The facility tags valuables with a property receipt.		
19.	The supervisor verifies the accuracy of every G-589.			\boxtimes	This component is only applicable for SPCs and CDFs. The intake processing supervisor verifies the accuracy of every property receipt.		

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
valu	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 				This component is only applicable for SPCs and CDFs. The shift supervisor (b)(7)e			
21.	Staff tags every baggage/facility container with an I-77, completed in accordance with the ICE standard.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility staff tags every property container with a numbered tamper-proof strap.			
22.	Staff secures every container used to store property with a tamper-proof numbered strap.			\boxtimes	This component is only applicable for SPCs and CDFs. This facility utilizes numbered, tamper-proof straps to secure property containers.			
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	This component is only applicable for SPCs and CDFs. The facility maintains a logbook which documents all elements of this component.			
24.	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility staff conducts weekly audits of personal property. Interviews with the ICE IEA indicated that ICE conducts biweekly checks.			
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	This component is only applicable for SPCs and CDFs. Staff conducts quarterly audits of non-valuable property in accordance with facility policy. These audits are verified and entered in log book.			
26.	The facility positively identifies every detainee being released or transferred.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility staff positively identifies every detainee being released or transferred.			

PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.						
Standard NA: (IGSA ONLY) Check this box if all ICE of by the ICE Field Office or Sub-Office in control of the detail			luable	s and Property are handled only		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
27. Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	\boxtimes			The section of this component requiring staff to routinely inform supervisors of lost/damaged property claims is specific to SPCs and CDFs. Staff notifies supervisors of lost/damaged property claims. All missing or damaged property claims are reviewed and filed.		
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	This component is only applicable for SPCs and CDFs. This facility has procedures in place to ensure that lost/damaged property reports are completed and forwarded to the appropriate staff. These reports are placed in the detainee's file.		
PART 2 - 8. FUNDS AND						
☐ Meets Standard ☐ Does Not Meet Standard	ndard	□ N/A	A	Repeat Finding		

The facility has policies and procedures in place to ensure the safeguarding of all detainees funds, valuables and personal property.

Observation of intake processing procedures indicated that detainees and their personal property are searched upon admittance to the facility. During this time, each detainee is advised what funds and property may be retained. Detainees' funds, valuables and personal property are inventoried, receipted, stored and safeguarded while they are housed at the facility. All information is entered into the facility's computerized Offender Management System program.

The facility's booking officers inventory and provide receipts for all detainee personal property surrendered during intake processing. Audits of baggage and non-valuable property are being conducted on a monthly basis. The facility uses the Offender Management System program to assist in maintaining control of funds and valuables.

(b)(6), (b)(7)c February 3, 2011

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The hold room is situated in a location within the secure perimeter.			\boxtimes	This component is only applicable for SPCs and CDFs; however, the hold rooms are situated within the secure perimeter of the facility.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.				The portion of this component requiring hold rooms be well ventilated, well lit, and that all activating switches are located outside the room is specific to SPCs and CDFs. The facility hold rooms are ventilated, well lit, and switches are located outside the room. Additionally, the hold rooms were clean and in good repair at the time of the inspection. There are four hold rooms assigned for men and four hold rooms assigned for women.
3.	The hold rooms contain sufficient seating for the number of detainees held.			\boxtimes	This component is only applicable for SPCs and CDFs; however, the hold rooms contain sufficient seating for the number of detainees held. Occupancy ratings conform to the number of benches in each room and the allotment of 18 inches for each detainee.
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.			\boxtimes	This component is only applicable for SPCs and CDFs; however, no bunks/cots/beds are permitted.
5.	Hold room walls and ceilings are escape and tamper resistant.			\boxtimes	This component is only applicable for SPCs and CDFs; however, the walls and ceilings are escape and tamper resistant.
6.	Detainees are not held in hold rooms for more than 12 hours.	\boxtimes			Detainees are not held in hold rooms for more than 12 hours as evidenced by documentation reviewed.
7.	Male and females detainees are segregated from each other at all times.	\boxtimes			
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	\boxtimes			All hold rooms are equipped with toilet facilities.

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.

processing. The maximum aggregate time an individual may be				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
 All detainees are given a pat down search for weapons or contraband before being placed in the hold room. 	\boxtimes			
 11. When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 	\boxtimes			
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 				The facility has a written evacuation plan. The section of this component requiring the written evacuation plan designate an officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency is specific to SPCs and CDFs. The facility's plan does designate an officer to remove detainees in case of emergency.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	\boxtimes			
 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	This component is only applicable for SPCs and CDFs. All hold rooms are constructed for multiple occupancy. Currently, the hold rooms do not comply with the square footage allotment noted in this component.
 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 component is only applicable for SPCs and CDFs. This facility was built in 1994.
16. In SPCs designed after 1998 the hold rooms have floor drain(s).			\boxtimes	This component is only applicable for SPCs and CDFs; however, the facility's hold rooms have floor drains.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.				This component is only applicable for SPCs and CDFs. This facility was built in 1994.
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			
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	\boxtimes			
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			The facility maintains a detention log for each detainee placed in a hold cell. The portion of this component that requires the log to include the required information specified in the standard is specific to SPCs and CDFs. The facility's log includes the detainee's name, A number, time in, time out, meal service, and staff signature.
 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 	\boxtimes			
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.				
23. The maximum occupancy for the hold room will be posted.	\boxtimes			All hold rooms have the maximum occupancy posted.
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	\boxtimes			
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			The facility is smoke-free.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 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 I	N DET	ENTION F	FACIL	ITIES		
	□ N /A	`	Repeat Finding			

The facility was constructed in 1994. The hold rooms are located in the Receiving & Discharge (Intake) area. The facility's policy was reviewed and meets the requirements of the ICE PBNDS.

The hold rooms were inspected, procedures observed, staff interviewed and the policy and documentation reviewed which indicated that the policy was being followed.

The facility has a written evacuation plan which designates officers responsible for the removal of detainees from hold rooms in the event of a fire, building evacuation, or other emergency.

(b)(6), (b)(7)c February 3, 2011

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			The key control officer attended an approved locksmith training program in October 2010.
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			The key control officer provides training to new employees regarding key and lock control during the orientation process. Training is conducted annually with an on-line program.
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			The inventories of all keys, locks, and locking devices are maintained by the key control officer.
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			Preventive maintenance is conducted on a quarterly basis and documented accordingly.
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.				
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.				
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			All worn, broken and discarded locks and keys are cut up. Identifiable markings are obliterated and they are properly disposed of outside the secure perimeter of the facility.
12.	Padlocks and/or chains are not used on cell doors.	\boxtimes			
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	\boxtimes		П	
	 Occupational Salety and Environmental Realth Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 				

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	N/A	Remarks
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			
	 Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	\boxtimes			
16.	Emergency keys are available for all areas of the facility.	\boxtimes			Emergency key sets are maintained in th (b)(7)e
17.	The facility uses a key accountability system.	\boxtimes			
18.	Authorization is necessary to issue any restricted key.	\boxtimes			
19.	 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. 	\boxtimes			
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			The requirement for the keys to be physically counted daily is specific to SPCs and CDFs. The facility has key accountability policy and procedures to ensure key accountability.
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. 				The bulleted items in this component are only required for SPCs and CDFs. Staff members are trained and held responsible for adhering to proper procedures for the handling of keys.
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes			
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	\boxtimes			
24.	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, the key control officer is the only employee who is authorized to add or remove a key from a ring.

PART 2 – 10. KEY AND LOCK CONTROL				
This Detention Standard maintains facility safety and security	by req	uiring that	keys a	and locks be properly controlled and
maintained.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25. The splitting of key rings into separate rings is not authorized.			\boxtimes	This component is only applicable for SPCs and CDFs; however, the splitting of key rings into separate rings is not authorized.
PART 2 – 10. KEY AND LOCK CONTROL				
	ndard	□ N /A	1	☐Repeat Finding

The facility has a staff member assigned as the key control officer who is responsible for the proper care and handling of keys and locks within the facility. He has attended an approved locksmith training program as recently as October 2010.

The facility's policy for key control was reviewed and meets the requirements of the ICE PBNDS.

Staff was interviewed, procedures observed, and documentation reviewed which indicated that established facility policy was being followed at the time of the inspection.

(b)(6), (b)(7)c February 3, 2011

PART 2 – 11. POPULATION COUNTS

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

	Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Staff conducts a formal count at least once each hours (no less than three counts per day). At least one of these counts shall be a face to photo counts.	east	\boxtimes			Formal counts are conducted at 0000, 0200, 0515, 1315, and 1815. A standing face to photo count is conducted at 2130 hours.
2.	Activities cease or are strictly controlled while a for count is being conducted.	rmal			\boxtimes	This component is only applicable for SPCs and CDFs; however, activities cease and are strictly controlled while a formal count is being conducted.
3.	There is a system for counting each detain including those who are outside the housing unit.				\boxtimes	This component is only applicable for SPCs and CDFs. There is a system for counting each detainee, including those who are outside the housing unit.
4.	Formal counts in all units take place simultaneou	sly.			\boxtimes	This component is only applicable for SPCs and CDFs; however, formal counts in all units occur simultaneously.
5.	Officers do not allow detainee participation in count.	the			\boxtimes	This component is only applicable for SPCs and CDFs; however, detainees do not participate in the count.
6.	A face-to-photo count follows each unsucces recount.	ssful			\boxtimes	This component is only applicable for SPCs and CDFs; however, a face-to-photo count follows each unsuccessful recount.
7.	Officers positively identify each detainee be counting him/her as present.	fore			\boxtimes	This component is only applicable for SPCs and CDFs. The facility conducts a body count for all formal counts except the count at 2130 hours, which consists of a standing face-to-photo count.
8.	Written procedures cover informal and emerge counts.	ency	\boxtimes			
9.	The control officer (or other designated posit maintains an "out-count" record of all detain temporarily out of the facility.		\boxtimes			
10.	Security officers and any other staff responsibilities for conducting counts are proviadequate initial and periodic training in coprocedures, and that training is documented in eperson's training folder.	ount	\boxtimes			
	PART 2 – 11. J					
	Meets Standard □ Does Not Meets	et Stai	ndard	□ N/ A	4	Repeat Finding

The facility's count policy was reviewed and meets the requirements of the ICE PBNDS.

The count was observed in the kitchen, Alpha Unit and Control Center on February 2, 2011 at 1315 hours. Count cleared at 1355 hours.

A review of the count policy and observation of the count procedure indicated that established facility policy was followed at the time of the inspection.

(b)(6), (b)(7)c / February 3, 2011

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			Staff has access to all Post Orders via the facility's secure shared drive and a Post Order book is kept on each post.
2.	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.			\boxtimes	This component is only applicable for SPCs and CDFs. The facility does not utilize the six-part folder format.
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes			The latest revisions are updated on the share drive and in the Post Order books. Staff receives e-mails advising them of any revision with the revision attached.
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.				The last annual review occurred August 25, 2010.
6.	The facility administrator authorizes all Post Order changes.	\boxtimes			
7.	The facility administrator has signed and dated the last page of every section.			\boxtimes	This component is only applicable for SPCs and CDFs. The facility administrator signs and dates original post orders and revisions which are maintained by the Quality Assurance Manager. The post orders and updates are placed in the Post Order books for each post and are also on the secure shared drive. The Quality Assurance Manager is the only person authorized to make changes on the shared drive.
	A Post Orders master file is available to all staff.				
	Procedures keep Post Orders and logbooks secure from detainees at all times.	\boxtimes			
	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	\boxtimes			
11.	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes			

PART 2 – 12. POST OR	KDEKS	
ainees and staff and enhances facility	ty security and good order by ensuring that each of	ficer

This Detention Standard protects deta assigned to a security post knows the procedures, duties, and responsibilities of that post. Meets Standard Does Not Meet Standard **Components** Remarks 12. In SPCs and CDFs, each time an officer receives a This component is only applicable different post assignment, he or she is required to for SPCs and CDFs. Staff is read, sign, and date those Post Orders to indicate he required to read, sign, and date the \boxtimes or she has read and understands them. Post Orders on each post he/she is assigned to indicate he/she has read and understands them. 13. Anyone assigned to an armed post qualifies with the The facility has (b)(7)e post weapons before assuming post duty. (b)(7)e \boxtimes Staff assigned to these posts must be weapons qualified. 14. Post Orders for armed posts, and for posts that control The post orders for (b)(7)e access to the institution perimeter, clearly state that: (b)(7)e \boxtimes (b)(7)e15. Post Orders for armed posts provide instructions for \boxtimes escape attempts. 16. The Post Orders for housing units track the daily event This component is only applicable schedule. for SPCs and CDFs. The Post \boxtimes Orders for housing units require that the daily event schedule be tracked. 17. Housing unit post officers record all detainee activity in This component is only applicable a log. The Post Orders include instructions on for SPCs and CDFs. The post maintaining the logbook. \boxtimes Orders provide instructions on

1	6	

Does Not Meet Standard

Meets Standard

□ N/A

keeping log books. All detainee activity is recorded in the log books.

Repeat Finding

The facility's policy for Post Orders was reviewed and meets the requirements of the ICE PNBDS. Post Orders are maintained at each post in a hard copy format. The Post Orders are also available to staff on the secure shared drive. The Post Orders are reviewed annually by the administration. The last review occurred on August 25, 2010.

Based on a review, it was determined that the Post Orders for (b)(7)e

(b)(7)e

Before the inspection was completed, the facility corrected this

deficiency and memorandum documenting the change was issued on February 2, 2011.

(b)(6), (b)(7)c February 3, 2011
Reviewer's Signature / Date

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.

pro	perly 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.	\boxtimes			
2.	Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	\boxtimes			
3.	Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	\boxtimes			
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.				
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.				
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			Documents reviewed confirm compliance with this component.
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			Even though the policy and procedure complies with this component, facility staff advised body cavity searches are not conducted.
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	\boxtimes			
9.	Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	\boxtimes			
10.	Canines are not used in the presence of detainees	\boxtimes			Canines are only used on the exterior of the facility for drug detection.
	PART 2 – 13. SEARC	HES O	F DETAIN	EES	
		ndard	□ N /A	\ 	Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)
The facility's policy on search procedures meets the requirements of the PBNDS.

Staff were interviewed, procedures were observed, and documentation of searches was reviewed. All supported that established facility policy is followed.

Although the facility policy is in compliance with body cavity searches, staff indicated body cavity searches are not conducted.

(b)(6), (b)(7)c / February 3, 2011

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.

GIS	elpline, and prosecute the perpetrators of sexual abuse and as				
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			This facility has a zero tolerance policy for Sexual Abuse/Assault. An active program is in place to inform detainees and staff of the policy.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, there is a written policy and procedure that has been approved by the Field Office Director.
3.	Tracking statistics and reports are readily available for review by the inspectors.			\boxtimes	This component is only applicable for SPCs and CDFs. There were 10 allegations of sexual assault at this facility in the last 12 months. These reports were reviewed. All 10 were determined to be unfounded or unsubstantiated. Statistics are available with the use of Offender Electronic Management System (OMS).
4.	All staff is trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			All staff receives training in the prevention and intervention of sexual abuse and assault during orientation and mandatory training is provided quarterly.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			The detainee handbook contains comprehensive information regarding sexual assault, abuse, intervention, and prevention.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			The Sexual Assault Awareness Notice was observed posted on all housing unit bulletin boards in four languages (English, Spanish, Haitian, and Filipino).
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)			\boxtimes	This component is only applicable for SPCs and CDFs. This facility has an information bulletin available for detainees in English, Spanish, Haitian and Filipino.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			All detainees are screened for high risk sexual assaultive behavior and sexual victimization potential during intake processing and prior to assignment to a housing unit.

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	V/N	Remarks
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			There have been 10 alleged incidents of sexual abuse by detainees on detainees during the last 12 months. All 10 incidents were investigated and determined to be unfounded or unsubstantiated.
 All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year. 			\boxtimes	There have been no incidents of sexual abuse or assault by staff on a detainee during the last year.
 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			
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			The facility has a written policy and procedure to be followed when there is an alleged sexual assault. The incident is treated as a crime and is thoroughly investigated. Collection of evidence occurs as does the notification of appropriate law enforcement agencies.
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			Facility policy requires prompt notifications regarding all sexual assault or abuse allegations.
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.			\boxtimes	It is facility policy that all victims of abuse are referred to outside specialized community resources for treatment and gathering of evidence. This facility uses the resources of the Casa Grande Regional Medical Center Emergency Room for alleged victims.
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.				There is an established policy for logging and maintaining records for claims of sexual abuse or assault. Information is logged and tracked by the Health Service Administer and PREA coordinator. Documentation was reviewed which supported compliance with this component.
SEXUAL ABUSE AND ASSAULT PI Meets Standard Does Not Meet Sta		TION ANI		ERVENTION Repeat Finding
Miccis Standard Does Not Meet Sta	1 N / F	1	☐ Kepeat Finding ☐	

There have been 10 allegations of sexual assault or abuse by a detainee on a detainee at this facility for the last 12 months. All 10 incidents were investigated as required by policy and determined to be unsubstantiated or unfounded.

Detainees and staff receive instruction regarding preventing and reporting sexual abuse or assault. Included in the orientation video that detainees view, information regarding Sexual Abuse and Assault Prevention and Intervention is included. The facility handbook also contains information that addresses this issue. In addition to the handbook, detainees receive a one page information sheet that specifically addresses the top. The written information is available in English, Spanish, Filipino, and Haitian.

This facility's Prison Rape Elimination Act (PREA) coordinator helped design a "PREA Card" which is carried by all detention staff. The card lists the steps that need to be taken in case there is a suspected case of sexual abuse or assault. Staff are also required to attend quarterly training which specifically addresses sexual abuse prevention and intervention.

There is a zero tolerance policy at this facility for sexual abuse or assault. There are policies and procedures in place to address any allegations.

(b)(6), (b)(7)c / February 3, 2011

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Written policy and procedures are in place for special management units.	\boxtimes			
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			
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			
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			Health care personnel are immediately informed when a detainee is admitted to SMU. They provide an assessment and review of the detainee as demonstrated by available documentation.
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	\boxtimes			
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			Detainees are either single or double celled which does not exceed the capacity for which the cells were designed.
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			Housing unit logs were reviewed as well as logs maintained which document all visits to the SMU.

Teasons.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.				The portion of this component requiring the SMU log to have 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 the date released recorded is specific to SPCs and CDFs. A permanent log is maintained in each SMU to record all activities concerning SMU detainees.
 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	This component is only applicable for SPCs and CDFs. Separate logs are maintained which indicate the date, time, and any unusual behavior. Follow up notification of any unusual behavior also occurs as noted in this component.
 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. 				IGSAs are only required to have a Special Management Housing Unit Record maintained on each detainee in the SMU, and this is to be recorded on an I-888 or comparable form. All the other bulleted items are only applicable to SPCs and CDFs. A Special Management Housing Unit Record is maintained on each detainee in SMU.

Components	Meets Standard	Does Not Meet Standard	N/A	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	This component is only applicable for SPCs and CDFs. Housing unit records are forwarded for filing in the detainee detention file upon release from SMU.
 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).		\boxtimes		Detainees in Administrative Segregation are not provided opportunities to spend time outside of their cell over and above the required recreation period. Detainees are allowed one hour of outside recreation, five days per week.
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes			
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			
18. The facility administrator (or designee) visits each SMU daily.	\boxtimes			

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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).				IGSAs are only required to have a health care provider visit each detainee in the SMU at least three times per week, and detainees are provided any medications prescribed to them. A health care provider visits every detainee in the SMU one time per day, seven days per week. Detainees are provided the medications prescribed for them. Actions taken are documented and the medical visit is recorded on the detainee's SMU housing record.
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			
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		The facility is in compliance with all aspects of this component with the exception of barbering. Women housed in SMU have the opportunity to access barbering on the same basis as general population. Men housed in the SMU are issued electric sanitized clippers to cut their own hair, and are not allowed access to the barbershop.
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.				
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			

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			
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	This component is only applicable for SPCs and CDFs. Detainees who are disruptive or in protective custody are not permitted use of the visiting room.
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.			\boxtimes	This component is only applicable for SPCs and CDFs. The facility does not have non-contact visitation.
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			Detainees in the SMU are allowed visits by members of the clergy, upon request. The chaplain visits the SMUs on a weekly basis.
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.				The librarian visits the SMUs weekly with a book cart. Additionally, the librarian processes specific requests for books.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	\boxtimes			
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.				The SMU housing male detainees provides Lexis/Nexis access in the unit. Male detainees can use the computer, printer, and typewriter and have access, by request, seven days per week which exceeds the time provided to the general population. Female detainees housed in the SMU have access to Lexis/Nexis, a computer, printer and typewriter in the library, by request. It is available five days per week which also exceeds the time provided to the general population.
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	\boxtimes			
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 	\boxtimes			
38. Recreation for detainees in the SMU is separate from the general population.	\boxtimes			
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			

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	\boxtimes			
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.	\boxtimes			
	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			
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.	\boxtimes			
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.				

reas	reasons.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	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.)					
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.				A review of documentation supported compliance with the requirements of this component. The Disciplinary Hearing Officer is responsible for the review which is forwarded to the Chief of Security or Assistant Warden for review and approval.	

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			
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.				Detainees may exercise their right to appeal through the grievance process.
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.				
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			
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			Documentation was reviewed and supported that the FOD is provided a written justification for keeping a detainee in Disciplinary Segregation after 30 days.

reasons.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
54. Before a detainee is placed in Disciplina Segregation, a written order is completed and signs by the chair of the IDP (or equivalent). A copy given to the detainee within 24 hours (unless delive would jeopardize safety, security, or the order operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent detailing the reasons for Disciplinary Segregation are 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 forward the completed order to the chief of security supervisor for insertion into the detainee's detention file.	e e e e e e e e e e e e e e e e e e e				
55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status each detainee in Disciplinary Segregation ever seven days and documents his or her findings on Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given written copy of the reviewing officer's decision are the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's earelease upon finding that Disciplinary Segregation no longer necessary to regulate the detained behavior. Early release and return to the gener population requires approval of the facility administrator. All review documents are placed in the detained detention file.	of cy a a a d d by Sis sis al by Sis Sis Sis Al by Sis Sis Al by Sis Sis Al by Sis			The facility complies with all requirements of this component. The facility's Disciplinary Hearing Officer is responsible for the reviews.	
PART 2 – 15. SPECIAL MANAGEMENT UNITS					
✓ Meets Standard ✓ Does Not Meet Standard ✓ N/A ✓ Repeat Finding					

The facility has a comprehensive policy for management of the Special Management Unit which meets the requirements for ICE PBNDS.

Health care personnel are immediately informed when a detainee is admitted to an SMU. They provide an assessment and review in accordance with established protocols.

Male and female detainees in Administrative Segregation are not provided opportunities to spend time outside their cell, over and above the required recreation periods. On the male SMU unit, movies are shown daily to the population while they are housed in their cells.

Male detainees in the SMU are not provided barbering services in the barbershop. They are provided access to sanitized electric clippers to cut their own hair. Female detainees in the SMU have access to the barbershop in their housing unit on the same basis as general population.

Female detainees are housed in the Level 3 housing Unit with Level 3 detainees. During the audit, three women were housed on segregation status.

The facility has developed a Male Detainee Handbook-Segregation-Rules and Regulations for detainees in SMU.

The facility provides contact visits only.

A review of facility policies, documentation and logs, staff interviews, visit to the SMUs and observation of procedures indicate that established facility policy is being followed.

(b)(6), (b)(7)c / February 3, 2011

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

001						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			This inspector reviewed a memorandum issued by the Acting AFOD which listed the ICE staff who are responsible for making weekly visits to each unit.	
	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.				Weekly visits were occurring at the time of the inspection.	
	Scheduled visits are posted in ICE/DRO detainee housing areas.					
4.	Visiting ICE staff observes and note current climate and conditions of confinement.	\boxtimes			The ICE staff at this facility use a checklist form that addresses these issues and allows comments by the ICE staff related to their observations.	
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	\boxtimes			Detainee request/complaint forms are available in all units.	
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			All correspondence for ICE staff is placed in a locked mail box that only ICE staff may open.	
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	\boxtimes			Locked mail boxes are provided outside of all the housing areas.	
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes				
9.	ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			ICE staff is on site. Requests are responded to within 72 hours.	
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			This is addressed in the detainee handbook.	
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			Log books were reviewed and telephone checks are being conducted.	
PART 2 – 16. STAFF-DETAINEE COMMUNICATION						
	Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

ICE staff work on-site at the facility, and appear to coordinate and communicate their activities with facility staff in an efficient and effective manner. Staff appears to communicate well with the ICE detainees. The majority of issues and problems are resolved at the line staff level. Detainees interviewed stated the ICE staff visited the units often and issues were addressed promptly. A review of the deportation officer's daily inspection forms and checklists for the housing units indicates ICE staff reports any issues and concerns they are made aware of while making inspections. All units are being inspected by ICE staff at least once weekly and numerous housing units receive multiple visits each week.

(b)(6), (b)(7)c / February 3, 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.

ope	rations by maintaining control of tools, carmary atensits, and			ii iiibti t	ments, 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 Chief of Security and the tool control officer are responsible for developing tool control procedures, an inspection system and insuring accountability.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.			\boxtimes	This component is only applicable for SPCs and CDFs. The facility's warehouse is located outside the secure perimeter and receives all deliveries.
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			The use of tools, keys, medical equipment, and culinary equipment is controlled.
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 component is only applicable for SPCs and CDFs. The facility does utilize a metal chit system. Additionally, it also utilizes a photo chit system.
5.	Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory	\boxtimes			
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.			\boxtimes	This component is only applicable for SPCs and CDFs. Tool inventories are conspicuously posted on all tool boards, tool boxes and tool 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			

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
 8. The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	\boxtimes			The bulleted portions of this component requiring tools to be specifically classified as Restricted and Non Restricted is specific to SPCs and CDFs. The facility has a tool classification system which classifies tools as Restricted (A) and Non Restricted (B).
Department heads are responsible for implementing proper tool control procedures as described in the standard.			\boxtimes	This component is only applicable for SPCs and CDFs. Department heads are responsible for implementing proper tool control procedures.
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\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. 				IGSAs are only required to have an approved tool storage system that ensures all stored tools are accountable and that commonly used tools (e.g. tools that can be mounted) are stored in a way that missing tools can easily be noticed. The facility is in compliance with all sections of this component.
12. Tools removed from service have their shadows removed from shadow boards.			\boxtimes	This component is only applicable for SPCs and CDFs. Tools removed from service are tagged with the reason for the removal and either repaired or replaced. Tools removed permanently from service have their shadows removed from the shadow boards.
Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.			\boxtimes	This component is only applicable for SPCs and CDFs; however, tools not adaptable to a shadow board are stored in a locked drawer or cabinet.
14. Sterile packs are stored under lock and key.				This component is only applicable for SPCs and CDFs; however, sterile packs are stored under lock and key.

PART 2-17. TO	PART 2-17. TOOL CONTROL				
This Detention Standard protects detainees, staff, contractors, a operations by maintaining control of tools, culinary utensils, and					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
15. Each facility has procedures for the issuance of tools to staff and detainees.					
16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:					
Verbal and written notification.Procedures for detainee access.	\boxtimes				
 Necessary documentation/review for all incidents of lost tools. 					
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			Broken or worn out tools are disposed of outside the perimeter of the facility in a secure manner.	
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				
19. Hoses longer than three feet in length are classified as a restricted tool.			\boxtimes	This component is only applicable for SPCs and CDFs; however, hoses longer than three feet are classified as a restricted tool.	
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.			\boxtimes	This component is only applicable for SPCs and CDFs. Scissors are not used for in-processing detainees.	
PART 2-17. TO	OL CO	NTROL			
	ndard	\square N/A	A	☐Repeat Finding	

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

The facility has a comprehensive policy for the control of tools and equipment which was reviewed and meets the requirements for ICE PBNDS.

The Chief of Security and the tool control officer are responsible for developing the tool control procedure and the inspection system to ensure accountability. The use of tools, keys, medical equipment, and culinary equipment is controlled. A review of the tool control policies occurred as well as an inspection of the tool control room and tool carts. Also reviewed was the policy regarding sharps and equipment used in the medical unit and kitchen. Policies regarding tools and equipment in other areas that maintain tools were also reviewed. All inventories maintained for the areas cited were reviewed.

The facility utilizes a metal chit system as well as a picture chit system to ensure accountability when issuing tools. Tools in all areas were marked for identification, accounted for, and were maintained in an orderly fashion.

(b)(6), (b)(7)c	February 3, 2011
Reviewer's Signatur	e / 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.

	<u> </u>				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.	\boxtimes			The facility has a comprehensive Use of Force policy.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			
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			
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
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			
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. • Under staff supervision.	\boxtimes			
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			The facility has had 10 Use of Force incidents since the last inspection.
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			

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
 10. Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	\boxtimes			
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.			\boxtimes	Medication is not used for restraint purposes.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			There is a manual as well as written policies which provide direction for Use of Force Teams in responding to incidents. The policies stress use of procedures to prevent injury and exposure to communicable diseases.
 13. 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. 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." 				(b)(7)e
14. The shift supervisor monitors the detainee's position/condition every two hours.He/she allows the detainee to use the restroom at these times under safeguards.	\boxtimes			(b)(7)e
15. All detainee checks are logged.	\boxtimes			(b)(7)e
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes			

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
17. When the Facility Administrator authorizes use of non-lethal weapons:				
 Medical staff is consulted before staff use pepper spray/non-lethal weapons. 				
 Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 				
 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	Intermediate Force Weapons are not stored in the Special Management Unit (SMU).
Special precautions are taken when restraining pregnant detainees.	\boxtimes			
Medical personnel are consulted				
21. Protective gear is worn when restraining detainees with open cuts or wounds.				
22. Staff documents every use of force, including what type of restraints was used during the incident.				
23. It is standard practice to review any use of force and the non-routine application of restraints.				
24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.	\boxtimes			
 Specialized training is given to officers ensuring they are certified in all devices approved for use. 				
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			Training records reviewed document training in the required aspects of this component.
26. The use of canines is restricted to contraband detection purposes only.				Canines are only used for drug detection on the exterior of the facility.
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			
28. <u>In SPCs</u> , the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes			The requirement to use the "Use of Force Form" is specific to SPCs. The facility uses its own form for this purpose.
PART 2 – 18. USE OF FO	RCE A	ND RESTI	RAIN	rs
☐ Meets Standard ☐ Does Not Meet Sta	□ N/A	\	Repeat Finding	

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

Overall, the facility's policies in the areas of Use of Force, Control of Security Equipment, Incident Reporting, Video Recording, Special Operations Response Team, Emergency Response Team, Staff Development and Training comply with the requirements of the PBNDS.

(b)(7)e

There were 10 Use of Force incidents since the last inspection. Use of Force reports and the accompanying videos were reviewed of several of the incidents.

The facility does not use medication for restraint purposes. (b)(7)e

A review of the policies, manuals, documentation, and interviews with staff indicate that established facility policy was being followed at the time of the inspection.

(b)(6), (b)(7)c February 3, 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			
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
3.	Written rules prohibit staff from imposing or permitting the following sanctions:				
	corporal punishment				
	 deviations from normal food service 				
	clothing deprivation				
	bedding deprivation	\boxtimes			
	 denial of personal hygiene items 				
	 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			The rules of conduct, sanctions, and procedures for violations are defined in writing in the facility's handbook which is available in both English and Spanish. The information required by this component is also communicated to all detainees verbally in English and Spanish during the orientation process.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions	\boxtimes			The Rights and Responsibilities, Prohibited Acts, Disciplinary Severity Scale and Sanctions are posted in all housing units within the facility.
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes			
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.			\boxtimes	This component is only applicable for SPCs and CDFs. Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor for review.

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											
 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 											adjudicates infraction	The Disciplinary Hearing Officer adjudicates infractions and addresses all the requirements of this component.
Bases its findings on the preponderance of evidence												
 Imposes only authorized sanctions 												
 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											
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											
PART 3 – 19. DISCI	PLINA	RY SYSTE	EM									
	ndard	□ N /A	\	Repeat Finding								

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

The facility disciplinary policy meets the requirement of the ICE PBNDS. Detainees are informed of facility rules and regulations, prohibited acts, disciplinary sanctions that may be imposed, their rights in the disciplinary system, and the procedure for appealing disciplinary findings. This information is provided to detainees in English and Spanish verbally during the orientation process. The information is also posted in the housing units and included in the detainee handbook which is available in English and Spanish.

A Disciplinary Hearing Officer adjudicates all infractions.

Interviews with staff occurred and documentation from disciplinary hearings was reviewed. Both supported that the established facility policy was being followed.

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

February 3, 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

and	nygienic food service operation.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	\boxtimes			Food service is provided by a contract with Canteen Services. The department manager is professionally trained and ServSafe certified. Job responsibilities and descriptions are provided by the Food Service Manager.
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			
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			Knives are not utilized at this facility. Food service utensils are kept in a cabinet with an approved locking device. Only one cook supervisor has keys to this area. All utensils are etched, shadowed, and controlled via a chit check out system. All utensils and keys are inventoried for security and control purposes.
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			The section of this component requiring staff to monitor the condition of knives and dining utensils is specific to SPCs and CDFs. Although this facility does not utilize knives, staff does monitor the condition of dining utensils for replacement, as needed. In addition, tools such as dough cutters and large stirring paddles are tethered and locked when in use.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			
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 is trained in count procedures.				

and	hygienic food service operation.	1			
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	\boxtimes			All staff and detainees assigned to the kitchen are medically screened and cleared before being allowed to work in this area. All individuals are monitored for health and cleanliness by food service staff. Staff and detainees were observed during the inspection to be wearing clean uniforms, proper hair restraints, and using gloves while handling food items.
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			
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. 	\boxtimes			
13.	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			The portion of this component requiring detainees be paid in accordance with the "Voluntary Work Program" standard is specific to SPCs and CDFs. Detainees at this facility are paid in accordance with the Voluntary Work Program standard. Detainees assigned to the kitchen are paid one dollar a day.
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			
16.	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	The facility does not utilize a cafeteria-style operation. All food items are pre-plated.

and hygienic food service operation.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			The section of this component requiring a 35-day menu cycle is specific to SPCs and CDFs. However, this facility offers a 35-day cycle menu.
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.				A nutritional analysis is on file for all current menus. A registered dietitian has certified all of the menus as meeting the Recommended Daily Allowances (RDA).
19. 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			
21. All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			
 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 provides 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			Common Fare meals are available at no cost to detainees. The facility has a program in place that provides a nutritionally adequate alternative to the main-line bill of fare. A hot entrée alternative is available for each lunch and evening meal. These meals are served using disposable plates and utensils. Separate cutting boards and utensils are available for preparation of Common Fare items. At the time of the inspection, no detainees were participating in the Common Fare program.
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.				

and hygienic food service operation.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes			The FSA has been provided a schedule noting ceremonial meals for the current year.
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their 				
 Muslims fasting during realizable from 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. 	\boxtimes			
Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.				
27. The food service program addresses medical diets.				Special diets are prescribed by the medical department and provided by the food service department. Currently, the food service department provides an average of two hundred therapeutic diets each meal.
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.	\boxtimes			
30. All meals provided in nutritionally adequate portions.	\boxtimes			The dietitian's nutritional analysis on file indicates that all meals are provided in nutritionally adequate portions
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 	\boxtimes			
33. Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			

and hygicine lood service operation.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.				The facility's policies and procedures manual dictates that food service areas be inspected on a weekly basis. Documentation is on file indicating that inspections are being conducted by the Safety Manger as well as Public Health Service staff. In addition, the facility is inspected by the Pinal County Division of Environmental Health. All areas of the kitchen are inspected.
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes			
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.				Temperatures of the dish machine were observed to be checked and recorded. Documentation is on file indicating temperature checks are performed and recorded after all three meals.
37. (MANDATORY) Staff documents the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	\boxtimes			Temperatures of all coolers and freezers were observed to be checked and recorded. Documentation is on file indicating temperature checks are performed on the morning and evening shifts.
38. The cleaning schedule for each food service area is conspicuously posted.				
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			
40. Storage areas are locked when not in use.	\boxtimes			
41. Food service personnel conduct shakedowns along with detention staff.	\boxtimes			
42. In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			\boxtimes	This component is only applicable for SPCs and CDFs. Interviews with ICE staff as well as direct observation indicated ICE provides supervision in the dining room during meal service periods.
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes			

DADE 4	20	EOOD	CERVICE

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

and hygienic rood service operation.	ı			
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
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	This component is only applicable for SPCs and CDFs. The FSA does not prepare quarterly cost estimates for the Common Fare Program.
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes			
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			
47. Staff complies with the ICE requirements for "food receipt and storage.				
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.				
49. Staff complies with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	\boxtimes			
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.	\boxtimes			The food service department is inspected yearly by the Pinal County Division of Environmental Health. The latest inspection was conducted on December 29, 2010. No major discrepancies were noted. The facility received an excellent ("E") rating.
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			
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			The FSA has developed and implemented a pest control program. The facility has a contract with a licensed, professional pest control company.
FOOD S	ERVIC	Е		
☐ Meets Standard ☐ Does Not Meet Standard	□ N /A	1	Repeat Finding	

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

The food service program is provided through a contract with Canteen Services. Observations indicated that the food service program provides detainees with nutritious and attractively presented meals. Interviews with detainees revealed an overall acceptance of the meals with minimal concerns expressed. The meals were observed to be prepared, plated, and served within the proper time and temperature requirements. All menus have been nutritionally analyzed, certified, and approved by a registered dietitian.

Sanitation levels were observed to be maintained at a high level. All staff and detainee workers were observed to be following a "clean as you go" policy. Sanitation inspections are being conducted by the facility Safety Officer as well as Public Health Service, the Food Service Administrator and outside independent sources. Both civilian staff and detainees were observed to be dressed neatly and appropriately. A review of documentation indicates that all staff and detainees are medically screened prior to working in the food service department.

All staff and detainee workers in the food service department are trained regarding sound safety and sanitation practices.

(b)(6), (b)(7)c February 3, 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.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	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.				There have been no hunger strikes by detainees in the last 12 months. Facility policy requires referral to health services when a detainee has refused or has been observed to have not eaten for 72 hours.
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			Any hunger strike is reported immediately to ICE/DRO.
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Facility policy requires an immediate response to a hunger strike.
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Facility policy requires staff to isolate a hunger-striking detainee from other detainees.
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			At this facility, medical personnel are authorized to place a detainee in the Special Management Unit.
6.	Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.				Facility policy requires the recording of weight and vital signs of a hunger-striking detainee at least once every 24 hours.
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			A hunger striker's consent is obtained before any medical treatment or evaluation is provided.
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, o $(b)(7)e$ staff/provider signatures indicating detainee refusal to sign form.	\boxtimes			A signed Refusal of Treatment form is required from every detainee who rejects medical evaluation or treatment. (b)(7)estaff/provider signatures are acceptable documentation if a detainee refuses to sign.
9.	Unless otherwise directed by the medical authority, staff delivers 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			Three meals are delivered to a hunger striking detainee, irrespective of his/her verbal refusal of a meal.
10.	Staff maintains the hunger striker's supply of drinking water/other beverages.	\boxtimes			A constant supply of water is available and offered to detainees on a hunger strike.
11.	During a hunger strike, staff removes all food items from the hunger striker's living area.	\boxtimes			All food commissary items are removed from a hunger striking detainee's cell.
12.	Staff is directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			This facility uses DIHS Form I-839 to record a hunger striker's food and fluid intake.

PART 4 – 21. HU	NGEK	SIKIKES			
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	
 The medical staff has written procedures for treating hunger strikers. 	\boxtimes			This facility has a written procedure for treating hunger strikers.	
14. Staff documents all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			Any evaluation, treatment, counseling, or attempt to persuade a hunger striker is documented and filed in the detainee's medical record.	
15. All staff receives orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receives training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	\boxtimes			Training material was reviewed. Training regarding the recognition, referral, and management of hunger striking detainees is provided during orientation and annual mandatory training.	
PART 4 – 21. HUNGER STRIKES					
☐ Meets Standard ☐ Does Not Meet Sta	ndard	□ N/A	\	Repeat Finding	

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

Overall, the facility complies with the PBNDS regarding Hunger Strikes. Written procedures provide adequate guidance for the medical and administrative monitoring of detainees engaging in a hunger strike.

Facility staff receive training in the recognition, referral, and management of hunger strikes both in orientation and in annual mandatory training. Written procedures provide adequate guidance for the medical and administrative monitoring of detainees engaging in a hunger strike. All commissary food items are removed from the hunger-striking detainee's cell.

Policy states that any detainee who has refused meals or food for 72 hours will be immediately reported to the medical staff. The detention staff at this facility alert the medical staff if three meals are missed or refused in an attempt to counsel the detainee and avert a hunger strike. Hunger-striking detainees are housed in the Special Management Units in a single cell.

Three meals are delivered to a hunger-striking detainee irrespective of their verbal refusal of a meal. A constant supply of water is made available. Medical staff visits every hunger striking detainee on each shift and evaluates the detainee both medically and mentally. Vital signs and weight are recorded daily. There have been no hunger strikes at this facility in the last twelve months.

(b)(6), (b)(7)c ebruary 03, 2011 Reviewer's Signature / Date

edu	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		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			The facility's DIHS health services unit received accreditation by ACA in 2009. The unit was in compliance with state and local laws and guidelines at the time of the inspection.		
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			Medical screening of all detainees is performed within 12 hours of arrival at this facility. In-processing was observed and 25 detainee records were reviewed that confirms this practice.		
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.				DIHS determines staffing, annually, for the Health Service Unit. There are quarterly health care staff meetings to assess changing needs. Full-time staff includes(b)(7) medical doctor (MD)(b)(7) ephysician assistances (PAS) (b)(7) e nurse practitioners (NPs), (b)(7) e registered nurses (RNs), and (b)(7) e licensed practical nurses (LPNs). The mental health staff is comprised of (b)(7) e psychologist and (b)(7) e social worker. A psychiatrist works 32 hours a week and is on call 24 hours a day/seven days a week. There is a dentist (b)(7) e ental assistant that work 40 hours a week. The dentist is also on call for emergency consultation by phone. There is a Health Service Administrator (HSA) who is an RN and works closely with the staff to supervise the daily operations of the medical unit. There are (b)(7) e pharmacy technicians operating the in-house pharmacy. There is also (b)(7) e radiology technician. Staffing at the facility appears to be adequate.		

cau	education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	\boxtimes			All detainees receive a handbook in English or Spanish that informs them how to access health care services. A video in English and Spanish is played in the daily orientation program for all new arrivals.		
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			There are medical staff on duty 24 hours a day, seven days a week. Medical and mental health providers are available 24 hours a day/seven days a week for emergency consultation or care. (b)(7)e dentist is available for emergency consultations.		
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			All new direct care staff receives a TB test prior to their job assignment and every six months thereafter. The hepatitis B vaccine is offered in the pre-employment period.		
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			The licenses of health care staff were reviewed and are current. License renewal dates are reviewed every six months by the health care administrative staff. Credentials and training records were also reviewed. Some Public Health Service (PHS) personnel have licensure from other states and this meets federal requirements.		
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			A copy of the detainee handbook, which is available in English and Spanish, contains procedures to access health care services. All detainees receive a copy of the handbook during in-processing. A single printed sheet containing the same information is also given at this time in English, Spanish, Haitian, and Filipino.		

cuuc	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			
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.			\boxtimes	This component is only applicable for SPCs and CDFs. This facility complies with standards set up by the National Commission on Correctional Health Care (NCCHC). The facility is currently in the process of obtaining NCCHC accreditation.			
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	\boxtimes			All detainees receive medical, mental health, and dental screenings within 12 hours of arrival. Screening is always done by medical staff. Records of 25 detainees were reviewed and supported this practice.			
11.	(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.	\boxtimes			A majority of detention and health care staff at this facility are bilingual and easily accessible. If needed, there is a telephone language line available 24hours a day through Language Services Associates.			
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			The facility has ample space and equipment to ensure privacy. There are five examination rooms and one triage room.			
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 health services unit is within the secure perimeter of the facility and has its own restricted access areas.			
14.	The medical facility entrance includes a holding/waiting room.	\boxtimes			There are two holding rooms at either entrance of the health care unit so male and female detainees can be held separately.			
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The holding rooms are under direct supervision of custodial staff. Staff observes one of the holding rooms through a window. The other room is under camera surveillance which is monitored by an officer from the nurses' station.			

education, so that their nearth care needs are met in a timery and				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			There are signs posted in the holding rooms that advise detainees "knock on the window" if they need a drink or have to use the toilet. The signs are written in Spanish and English.
 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			Medical records are kept apart from other files in a locked designated room. Only authorized medical staff has access to this area. It is policy that no copies of medical records are placed in the detainee's detention file.
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A signed and dated consent form for medical treatment is obtained from detainees during the intake process before any medical treatment is initiated. A review of 25 random detainee medical records confirmed this.
19. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Detainees sign a release of medical information form when records are to be sent to outside sources.
20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			The medical unit is given advance notice whenever a detainee is released, transferred, or removed from the facility.
21. A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			A summary of a detainee's medical care is sent when s/he is transferred. If appropriate, the medical record is transferred along with the detainee.
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 are placed in a sealed envelope or container labeled with the detainee's name and Anumber and marked "MEDICAL CONFIDENTIAL".
23. Medical screening includes a Tuberculosis (TB) test.				All detainees are screened for TB by a digital chest x-ray during inprocessing. The X-rays are sent out to be read and results returned within four hours. All female detainees of child-bearing age are screened for pregnancy. Pregnant women can receive a PPD test. PPD testing for TB is not routinely done at this facility.

concation, so that their nearth care needs are met in a timery and	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			
 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			All detainees receive a mental- health screening upon arrival by a nurse before being assigned to housing.			
25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			When detainees arrive with an I-794 form or its equivalent, a health care provider reviews it as part of the initial intake process.			
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.				All detainees receive a physical examination and health care appraisal within 14 days of arrival at this facility by a health care provider. Medical records of 25 detainees were reviewed and confirmed this.			
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 have access to the same level of health care as detainees in the general population. Nurses make rounds in all housing units as well as SMU. Sick call request slips are available on all the units.			
 Staff provides 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. 				Sick call request slips can be placed in a sick call box outside the Health Services Unit (HSU) and in each housing unit. These slips are triaged each day. Medical records of those detainees requesting care who will be seen the next day are pulled and placed on the "sick call cart" which is taken by medical staff to each housing unit. In addition to the medical records, the cart contains basic equipment (e.g. thermometer, stethoscope, etc.) and over the counter medications. Most requests are addressed the next day at sick call on the housing units. If the medical concern cannot be fully addressed, an appointment is scheduled for the detainee to come to the medical unit for follow up care.			

	education, so that their health care needs are met in a timery and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
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			Medical staff is available at this facility 24 hours a day/seven days a week. There is a written plan for emergency medical care which also provides guidance when immediate outside medical attention is required.		
30.	The plan includes an on-call provider.	\boxtimes			Health care staff is present in the facility at all times. There is an on-call provider list in a clearly marked binder at nurse's station in the HSU.		
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			Hospital and ambulance telephone numbers are kept in a clearly marked binder at the nurse's station in the HSU.		
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Policy 8.10 requires a response by staff that ensures a secure and safe response.		
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			Detention and health care staff is trained to respond within four minutes to all emergencies. Drills are performed quarterly on each shift. The most recent "man down" drill was conducted on October 7, 2010.		
34.	Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Only medical staff distributes 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			Pharmaceuticals are dispensed by medical staff unless they are classified and approved as "keep on person" (KOP) medications. KOP medications are given out in the housing units with instruction by the nurses during medical rounds. DEA controlled substances and medications prone to abuse are distributed on pill line.		

	education, so that their health care needs are met in a timery and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	 (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. 				Chapter 11 of the DIHS National Policy provides adequate guidance for pharmacy functions. DIHS National Policy 11.5.2 describes non-formulary medication requires that DEA controlled substances be securely stored and inventoried. Staff advised controlled substances which are dispensed daily are inventoried at that time. All controlled substances, regardless of the frequency of use are inventoried on a monthly basis. Inventory logs were inspected and confirmed these procedures. The policy also addresses returning damaged or expired medications on a monthly basis.			
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. 	\boxtimes			All pharmaceuticals are stored in a secure room with access limited to medical staff. The room walls are solid from floor to ceiling. The room has a solid core door with a high security locking device.			
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 portion of this component requiring the pharmacy to have a locking pass-through window is specific to SPCs and CDFs. The facility hasb)(7) full-time pharmacists and b)(7) full-time pharmacy technicians. Nurses distribute medications during "pill line". Detainees line up in the yard to obtain medications which are passed through a window from a room in the health care unit. The medications are given according to the provider's instructions and documented on a medication administration record (MAR).			

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.				Distribution of medications is in accordance with the specific instructions of the health care provider. KOP medications are distributed by nursing staff during visits to the housing units. Detainees receive instruction on the proper dosage and use. All dispensed medication is recorded in MARs, which are individually labeled with the detainee's name and A-number.
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 is not on duty. 				Only medical staff distributes medications. There are medical staff on duty at this facility 24 hours a day.
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	Only medical staff distributes medication at this facility.
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			A special needs form is used to notify the Warden and facility staff regarding detainees with special needs.
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			DIHS policy 2.7 outlines medical requests by outside interests.

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	
 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			The DIHS Infection Control Manual was reviewed and addresses all the requirements of this component. Notifications regarding infectious diseases are made to the county public health authorities and the DIHS Department of Epidemiology.	
45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Male detainees with a communicable disease are housed in one of five single cells in the SMU. There is no infirmary at this facility. Females with a communicable disease are housed in a single cell on the housing unit. Meals for both males and females are served in their cells. If detainees need to leave their cells for recreation or care, a mask is worn. A female detainee at this facility was recently exposed to the Varicella virus (e.g. chicken pox) and is isolated in a single cell with mask precautions. Although her blood titers are currently negative, a sign is posted at the entrance of the facility advising visitors and staff that a detainee has been exposed to chicken pox virus. This precaution was taken to alert those who may be at risk.	

caa	education, so that then hearth care needs are met in a timery and efficient mainter.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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.	\boxtimes			All new arrivals receive TB screening by means of a digital chest x-ray prior to placement in a general housing unit. Pregnant females are screened using the PPD method.		
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			Detainees with symptoms of TB or a positive chest x-ray are placed in a negative pressure isolation room to await further evaluation, treatment, or clearance. There is one negative pressure room at this facility.		
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.				There is an assigned administrative assistant at this facility that coordinates all outside medical appointments according to medical prioritization, urgency, and transportation needs.		
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.				All detainees with chronic medical conditions are seen every three months to be re-evaluated. Detainees with chronic medical conditions requiring more frequent monitoring are monitored as often as needed by a physician, mid-level practitioner, or mental health provider until the medical condition is stabilizes. Ten medical records of chronic care detainees were reviewed and found to be in compliance.		
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.				All females of child bearing age are given a pregnancy test upon arrival. Pregnant detainees are evaluated and managed through a contract with a local OB-GYN physician. Counseling, assistance, nutrition, and postpartum follow-up are available. There were 11 pregnant female detainees at the facility during the inspection.		

education, so that their health care needs are met in a timery and efficient manner.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			All detainees with chronic medical conditions are monitored every three months and more often if medically necessary. Medications and labs are reviewed at these scheduled visits or as needed. Records of 10 detainees requiring regular follow-up were reviewed and all had appropriate monitoring.
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			A Special Needs form is used to communicate with detention staff regarding detainees requiring special consideration relative to housing, transfer, or transportation.
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			This facility ha (b)(7)e dentist, dental hygienist, and dental technician. Routine services are available four days a week. Emergency care is provided based upon request and determined need.
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			This facility has psychologist and social worker. A psychiatrist provides services for 32 hours a week. Detainees with mental needs are promptly referred for further evaluation and management. Most referrals are first seen within 24-48 hours of request. Mental health staff is on call for more urgent referrals.
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			Crisis intervention services are available for detainees who experience acute mental health episodes.
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.				Medical and mental health interviews, procedures, and examinations are conducted in a private setting. Escorts of the same sex are provided when examinations or procedures are performed on a detainee by a staff person of the opposite sex. Chest x-rays for new arrivals was observed. An escort was present when all new female detainees had x-rays taken by the male x-ray technician.

cauc	education, so that their nearth care needs are met in a timery and efficient manner.						
	Components		Does Not Meet Standard	N/A	Remarks		
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			Detainees with referrals for mental health needs are routinely evaluated by a licensed mental health provider within one to three days of referral.		
	 (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. 				Restraints for medical or mental health purposes are not routinely used at this facility. DIHS operating procedure 8.27 provides adequate guidance for the application, monitoring, and release from medical or mental health restraints which comply with the requirements of this component.		
59.	 (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. 				When it is determined that involuntary administration of medications may be required, authorization is obtained from the local Federal District Court. Local policy addresses documenting less restrictive alternatives, administration, and duration of therapy.		
60.	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, nurse practitioner or trained RN.				Initial dental screening exams for all new detainees are done by (b)(7)e (b)(7)edental hygienist or nurses within 14 days of arrival. The records of 15 detainees were reviewed and found to be compliant.		

PART	4 - 22	MEDICAL	CARE

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

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			
61.	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			The contents, number, locations, and use protocols are determined by the HAS. The procedures for monthly inspections are determined by custody staff.			
62.	An automatic external defibrillator should be available for use at the facility.	\boxtimes			There are 15 automatic defibrillators located through this 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			When a detainee refuses treatment, ICE/DRO is consulted to determine whether forced treatment needs to be administered. In emergency situations, the ICE/DRO is notified as soon as possible.			
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	This component is only applicable for SPCs and CDFs. At this facility, the HSA and appropriate staff try to meet weekly if possible. However, there are regularly scheduled quarterly meetings.			
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			Biohazardous waste is managed via a national DIHS contract with Stericycle. It is removed from the facility every two weeks. Prior to removal, the waste is stored in a locked closet in appropriately marked containers. Medical and dental sterile packs are sterilized in an autoclave in the dental storage area.			
66.	(MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			The health service unit operates a performance improvement program that involves medical, mental health, dental, pharmacy and administrative staff.			
	PART 4 – 22. M	EDICA	L CARE					
	☐ Meets Standard ☐ Does Not Meet Standard	ndard	\square N/A	A	☐Repeat Finding			

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

Overall, the facility complies with the PBNDS regarding Medical Care. The health care needs of the detainees at this facility appear to be met in a timely and efficient manner. The detainees at the facility access to a continuum of medical services, dental services, mental health services, preventative medical services, and health education.

The facility handbook explains how to access health care. Additionally, the facility provides a separate single sheet handout explains how to obtain medical care while at this facility. The facility regularly determines which are the top four languages spoken by the detainees and prints handouts on how to receive medical care in those languages. At present, the top four languages are English, Spanish, Haitian and Filipino.

A video demonstrating how to obtain medical care, also in English and Spanish, is played for new detainees during the orientation process on their first day after arrival. The video is continually played in the area of the medical unit where detainees wait prior to receiving medical care.

There is medical staff available 24 hours a day/ 7 days a week. This includes (b)(7)e physician as well as)(7 full time physician assistants and (7 full time nurse practitioners. There are)(7 full time registered nurses. There is always an on-call medical provider available for emergency consultation. The mental health staff includes (b)(7)e psychologist and social worker as well as a psychiatrist at the facility 32 hours a week and on call 24 hours a day/ 7 days a week. This facility ha (b)(7)e dentist and dental hygienist. Nursing staff has been trained to do dental screenings and referrals. There are)(7 full time pharmacists and)(7) ull time pharmacy technicians at this facility. Only nurses dispense medication.

All detainees receive a digital chest x-ray upon arrival to rule out TB. There is (b)(7)e x-ray technician, and all x-rays are sent out electronically to be read and results returned within 4 hours. PPD (skin testing) is not routinely done except for pregnant women.

Care of pregnant detainees is managed through a contract with a local OB/GYN specialist. At the time of the inspection, there were 11 pregnant detainees at this facility.

There was one female detainee exposed to the Varicella (e.g. chicken pox) virus and in isolation at the time of this inspection. A notice was posted at the entrance to the facility to alert visitors and staff that may be at risk if infected.

(b)(6), (b)(7)c <u>February 03, 2011</u>

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			Facility policy provides guidance regarding issuance of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.
 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			The bulleted items in this component are only applicable to SPCs and CDFs. Upon arrival, each detainee is issued three sets of outer garments (pants and shirts), two pair of socks and underwear, one pair each of shower sandals and clogs.
Additional clothing is available for changing weather conditions and as is seasonally appropriate.			\boxtimes	The component is only applicable for SPCs and CDFs. At this facility, in addition to the initial issue of clothing, an outer jacket is issued for cooler weather, and a hat for warmer weather.
 4. New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions. 				The bulleted items in this component are only applicable to SPCs and CDFs. At this facility, detainees are provided one mattress, two blankets, two sheets, one pillow case, one pillow and two towels.
 The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items. 	\boxtimes			The facility provides a hygiene kit and replaces the items weekly or as needed. Gender-specific hygiene items are also supplied. Detainees are not charged for these items.

PART 4 – 23. PERSONAL HYGIENE

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of adequate bathing facilities and the issuance and exchange of ci						
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. 	\boxtimes			The housing unit toilets were inspected and were clean. There is one toilet in each room for two detainees and a toilet in each single cell.		
 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. 				The shower facilities were inspected and were clean. There are 12 showers in each dormitory which house a maximum of 50 detainees. The log book which records shower temperatures was reviewed and it was noted that a temperature between 100 and 115 is maintained. There is a sink in each room.		
Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	\boxtimes			Each housing unit was observed to have at least one handicap accessible shower with a seat and assist bars.		
 9. Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 	\boxtimes			There is a clothing exchange three times a week and towels and linens are exchanged weekly. Since detainees are provided 2 pair of socks and underwear and 3 sets of outer garments (pants and shirts), they are able to have wear clean clothes each day.		
Food service detainee volunteer workers are permitted to exchange outer garments daily.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, food service workers and volunteer workers receive four sets of outer garments and can exchange them three times a week to maintain availability of clean clothing.		
Nolunteer detainee workers are permitted to exchanges of outer garments more frequently. PART 4 23 PERM				This component is only applicable for SPCs and CDFs. Volunteer workers at this facility, are issued extra outer garments to allow for frequent exchange as needed.		
PART 4 – 23. PERSONAL HYGIENE						

	⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding	
,	0 0 0	ervations, other sources used, etc.) quate supply of bedding and climate		thing.	
Hygiene pr	oducts are also provided and	replenished as needed.			
Shower and	l toilet facilities are provided	l in adequate numbers.			
(b)(6), (b)(7) Reviewer's	February 03, 2011 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.

Signs and Situations of risk and to intervene with appropriate ser				
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			Facility policy and procedures were reviewed for the identification, referral, and management of suicidal detainees. The facility administrator and health care providers meet at least quarterly to review and approve health care programs including suicide prevention and intervention.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director. Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				Facility policy and procedures were reviewed and comply with the requirements of this component.
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			Training records were reviewed and supported all staff having received suicide prevention and intervention training as part of the initial orientation. Annual mandatory training is provided to all staff.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 4. Training prepares staff to: Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Effective communication between correctional and health care personnel, Necessary referral procedures, Housing observation and suicide-watch level procedures, Follow-up monitoring of detainees who have already attempted suicide, and Reporting and written documentation procedures. 				The Power Point presentation used in the training program was reviewed. All elements of this component are included in the presentation.
 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			Suicide potential screening occurs during the intake process and is performed only by medical staff within 12 hours of a detainee's arrival. This process was observed and a record review documented compliance with the requirements of this component.
Written procedures contain when and how to refer atrisk detainees to medical staff and procedures are followed.	\boxtimes			Written policy and procedures were reviewed. They provide guidance on the recognition of at-risk detainees as well as procedures regarding how and when to refer at-risk detainees to the medical staff. Custody staff were interviewed and appeared to be familiar with these procedures.
7. 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			Policy instructs staff that only medical personnel are to authorized and coordinate the continuance and/or discontinuance of a suicide watch.
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			Suicide watches are conducted in one of five designated rooms in the SMU.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			The designated rooms were inspected and did not contain any structures or smaller items that could be used in a suicide attempt.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
10. Medical staff have approved the room for this purpose.	\boxtimes			Medical staff has approved these rooms.	
11. Staff observes and document the status of a suicidewatch detainee at least once every 15 minutes/constant observation.	\boxtimes			One-on-one watches are initiated when a detainee is on suicide watch. An officer sits outside the cell door and records observations at least every 15 minutes.	
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	\boxtimes			At this facility, custody staff provides constant monitoring of detainees placed on a suicide watch. The monitoring provided complies with the requirements of this component. The Clinical Director has approved monitoring suicidal detainees by medical staff once every shift.	
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	This facility has 24 hour medical staffing.	
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	\boxtimes			Mortality reviews or after action reviews are conducted on completed suicides or serious suicide attempts.	
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
☐ Meets Standard ☐ Does Not Meet Sta	ndard	□ N /A	<u> </u>	Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Facility staff receives training to recognize, refer, and manage potentially suicidal detainees. Fraining is provided during orientation and annually.					

There were no completed suicide attempts in the last 12 months. There was a suicide attempt during our inspection and medical and detention staff actions were observed and were in compliance with this standard.

(b)(6), (b)(7)c / February 03, 2011

Reviewer's Signature / Date

D/	APT 1	25	TEDMINAL	II I NECC	ADVANCE DIRECTIVES. A	(IV)	DEATH
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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.

notifications.					
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
	are chronically or terminally ill, are appropriate off-site medical facility.				This facility does not routinely accept terminally ill detainees. It does accept chronically ill detainees who can be managed in the health care unit. These detainees are transferred to another facility if their condition becomes unmanageable via ambulatory care.
the next-of-kin of The detained The visiting h	nours and rules at that location.				Serious illness, injury, or death of a detainee is immediately reported to the local OIC and ICE staff that notify next-of-kin and provide information required by this component. DIHS staff will not speak to family members unless authorized by ICE.
Directive Form Advanced Directi These guid detainees wh These guide opportunity to		\boxtimes			DIHS National Policies 2.6 and 2.6.1 provide adequate guidance for drafting living wills and advance directives which comply with the requirements of this component. A private attorney may assist in drafting the documents.
4. There is a police Orders"	y addressing "Do Not Resuscitate	\boxtimes			DIHS National Policy 2.6.2 provides guidance regarding "Do Not Resuscitate Orders" (DNR).
	a "Do Not Resuscitate" order in the receive maximal therapeutic efforts ation.	\boxtimes			DIHS National Policy 2.6.2 states that maximal therapeutic efforts, short of resuscitation, are to be provided to detainees with a DNR order.
Headquarters' Le circumstances of Resuscitate" orde	ies ICE/DRO Medical Director and egal Counsel of the name and basic of any detainee with a "Do Not er in the medical record. In the case otification is made through the local ve.	\boxtimes			This facility notifies the ICE/DRO who in turn notifies the Medical Director and Legal Counsel.
	written procedures to address the donation by detainees.				DIHS National Policy 2.6.4 provides guidance for organ donation by detainees.

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PAKI 4 – 25). I RKIVIIINAI, II JUNKSS.	ADVANCE DIRECTIVES.	ANDIDRAIM

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.

		1		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	\boxtimes			DIHS policy requires notification of the ICE/DRO when a detainee dies in custody. ICE notifies the consulate and family
9. The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			The facility transportation policy 9- 18 outlines procedures for death of detainees while in transport.
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 	\boxtimes			There have been no deaths at this facility in the last 12 months. ICE staff makes arrangements for disposal of detainee 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 staff makes arrangements for an indigent's burial and other notifications required by this component.
 An original or certified copy of a detainee's death certificate is placed in the subject's A-File. 	\boxtimes			A copy of the death certificate is placed in the detainee's A-file.
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 	\boxtimes			Local law requires that all deaths in detention centers require an autopsy. ICE staff makes the arrangements which comply with the requirements of this component.
14. ICE staff follows established procedures to properly close the case of a deceased detainee.	\boxtimes			ICE staff follows established procedures to properly close the case of a deceased detainee.
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH
	□ N /A	1	☐Repeat Finding	

This facility does not routinely accept terminally ill or critically ill detainees. Chronically ill detainees who can be managed in the ambulatory care unit are accepted at this facility. There is no infirmary at this facility.

If a detainee becomes critically ill while at this facility, s/he will be transferred to another more appropriate facility. There are policies and procedures in place if a detainee should want to draft a living will or obtain a "Do Not Resuscitate" order. Detainees with a "Do Not Resuscitate" order will receive maximum therapeutic efforts short of resuscitation.

There are clearly written policies and procedures in place for the death of a detainee at this facility. There have been no deaths at this facility for the last 12 months.

Detainees who have Diabetes, Hypertension, Asthma or any other chronic illness are seen every three months if their condition is stable. In reviewing medical records most detainees with these conditions were seen weekly.

(b)(6), (b)(7)c February 03, 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	N/A	Remarks
1.	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.				The requirement for correspondence rules to be posted in each housing unit or common area is specific to SPCs and CDFs. This facility has a detailed policy on correspondence and mail. A copy of the policy and procedures for correspondence and mail is posted in all detainee housing units. This information is also contained in the detainee handbook.
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			All information is provided in English and Spanish.
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes			
5.	Staff maintains a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.			\boxtimes	This component is only applicable for SPCs and CDFs. All deliveries including packages and priority or certified mail are accepted at the warehouse where the tracking number is logged. The mail room personnel sign for all packages and then process them in the mail room. A detainee signs for the package or mail to acknowledge receipt same. The copy of the acknowledgement form is placed in the detention file.
6.	Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			The AFOD issued a letter to the facility stating it is allowed to open and inspect (not read) all in-coming general correspondence outside the presence of the detainee for security purposes. The facility policy which has been signed by the Warden is consistent with the directive from the AFOD.
7.	Staff does not read incoming general correspondence without the Facility Administrator's prior approval.			\boxtimes	This component is only applicable for SPCs and CDFs. General mail is not read, but it is opened and inspected for contraband.

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.

-	eriment offices, and consular officials consistent with the sa		, J - F		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8.	Staff does not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
9.	Staff is prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	\boxtimes			
10.	Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes			The requirement to inspect outgoing mail without the detainee present is specific to SPCs and CDFs. Outgoing mail is not opened.
11.	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			The requirement to notify the sender of rejected incoming mail is specific to SPCs and CDFs. If mail is rejected, the sender and the detainee are notified in written form.
13.	The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			
14.	Staff maintains a written record of every item removed from detainee mail.	\boxtimes			All items removed from a detainee's mail are recorded and receipts are issued.
15.	The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			A "memo" on found and disposed of contraband is routed to the Chief of Security, Assistant Warden, and Warden on a monthly basis.
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			All funds are counted and verified by(b)(7)etaff. A receipt is issued, and the money is routed to the Fiscal Office for placement on the detainee's account.
17.	Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	\boxtimes			
18.	Staff provides the detainee a copy of his or her identity document(s) upon request.	\boxtimes			ICE confirmed they would make copies of documents for detainees upon requests pursuant to policy requirements.

PART 5 – 20. CURRESPUNI	DENCE	ANDUII	HEK N	IAIL		
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		
 Staff disposes of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband". 	\boxtimes			All contraband found is documented and given to the facility investigator for action/disposal.		
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					
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					
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes					
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes			Persons in segregation have no correspondence restrictions.		
24. Detainees have access to outside publications.						
PART 5 – 26. CORRESPON	DENCE	AND OTI	HER N	IAIL		
☑ Meets Standard ☐ Does Not Meet Stan	□ N /A	4	☐Repeat Finding			

The facility's mail room is staffed wit (b)(7)e full-time employees who receive, process, and deliver all of the mail and packages received for detainees and facility staff. The mail room uses numerous logs and forms to document, receipt, and notify detainees related to correspondence and items received via the mail. All of the documentation reviewed was accurate and complete. The acceptance and delivery of all correspondence appears to be timely and is handled in accordance with established standards. Overall, the facility complies with the PBNDS regarding Correspondence and Other Mail.

(b)(6), (b)(7)c February 3, 2011 Reviewer's Signature / Date

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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.

	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				
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).				
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
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.				
5.	Detainees who require overnight housing are placed in approved IGSA facilities.				
6.	Each escort detail includes at leas(b)(7)eofficers.				
7.	The detainee remains under constant, direct visual supervision of escorting staff.				
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.				
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.				
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.				

D	A D	r E	27	ECC	ADTED	TDIDC	FOD	NON:	MEDICA	T EME	ERGENCIES	7
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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.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
11. Escort officers ensure that detainees:						
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 						
Do not violate federal, state, or local laws.						
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 						
 Do not arrange to visit family or friends unless approved before the trip. 						
Make no unauthorized phone calls.						
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 						
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.						
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.						
14. The Field Office Director is the approving official for all non-medical escorted trips.						
15. Facility procedures comply with the following ICE Standards:						
Transportation (Land Transportation						
Restraints applied strictly in accordance with the Use of Force Standard.						
PART 5 – 27. ESCORTED TRIPS FO	R NON	N-MEDICA	L EM	ERGENCIES		
☐ Meets Standard ☐ Does Not Meet Sta						

Remarks: (Record significant facts, observations, other sources used, etc.) All escorted trips for non-medical emergencies are conducted by ICE staff.

(b)(6), (b)(7)c / February 3, 2011 Reviewer's Signature / Date

PART 5 – 28. MARRIAGE REQUESTS						
This Detention Standard ensures that each marriage request from internal guidelines for approval of such requests.	an ICE/	DRO detaine	ee rece	ives a case-by-case review and based on		
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			All marriage requests are submitted in writing to the Field Office for review on a case-by-case basis.		
 The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented. 	\boxtimes					
3. It is standard practice to require a written request for permission to marry.						
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes					
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	\boxtimes			ICE provides a written decision letter to the detainee and his or her legal representative.		
6. 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.						
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.				Marriages are allowed to take place within the confines of the facility.		
8. The detainee handbook explains the marriage request process.						
 In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry. 			\boxtimes	This component is only applicable for SPCs and CDFs. All requests are submitted to ICE for approval.		
PART 5 – 28. MAR	RIAGE	REQUEST	ΓS			
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding						

The facility has policy and procedures in place regarding detainee marriage requests. Marriage request procedures are included in the detainee handbook.

The facility requires that marriage requests be submitted in writing. All marriage requests are reviewed on a case-by-case basis by the facility and Field Office Director. Decisions to approve or deny a marriage request are achieved by the application of the facility's guidelines. Once these guidelines are met and the request has been approved, the facility accommodates the request and allows the marriage to take place within the facility.

A review of the facility's files indicates that 29 marriage requests were submitted during 2010. All requests were submitted in writing, and reviewed on an individual basis. Only one request was denied. The detainee was informed of the decision and the reason for the denial.

(b)(6), (b)(7)c / February 3, 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".

1					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The Facility provides:				
	An indoor recreation program.	\boxtimes			
	An outdoor recreation program.				
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes		\boxtimes	This component is only applicable for SPCs and CDFs. The facility has three recreational specialists supervising the program.
3.	Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes			
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			The facility offers chess, checkers, dominos, cards, television as well as video games.
7.	Outside activities are restricted to limited-contact sports.				
8.	Each detainee has the opportunity to participate in daily recreation.	\boxtimes			
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			All detainees have access to recreational activities outside of their cell a minimum of one hour daily.
10.	Staff checks all items for damage and condition when equipment is returned.	\boxtimes			
11.	Staff conducts searches of recreation areas before and after use.	\boxtimes			
12.	Recreation areas are under constant staff supervision.	\boxtimes			Recreational areas are under constant staff supervision, as well as video surveillance.
13.	Supervising staff are equipped with radios.	\boxtimes			
14.	The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			
15.	Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes			
16	Special programs or religious activities are available to detainees.	\boxtimes			

PART 5 - 29. F	RECRE	ATION				
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	Meets Standard	Does Not Meet Standard	N/A	Remarks		
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	\boxtimes			Each volunteer who provides or participates in recreational programs completes an appropriately documented orientation program. Each volunteer signs an acknowledgement of the rules and regulations of the facility.		
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	\boxtimes					
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes			
20. If yes, written procedures ensure timely review of all eligible detainees.			\boxtimes			
 Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator. 			\boxtimes			
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.			\boxtimes			
23. The detainee's written decision for or against an			\boxtimes			

detainee's/Facility Administrator's decision.

PART 5 - 29. RECREATION

Meets Standard Does Not Meet Standard N/A Repeat Finding

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

offered transfer documented in his or her A-file.

24. Staff notifies the detainee's legal representative of

his or her decision to accept/decline a transfer.

25. If no recreation is available, the ICE Field Office

after 60 days.

ineligibility for transfer.

routinely review transfer eligibility for all detainees

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

27. The detainee's legal representative is notified of the

Administrator's written determination of the detainee's

The facility provides detainees with access to recreational programs and activities, under conditions of security and supervision that protect their safety and welfare. The facility has two open air outdoor recreation area for use by the six housing units. The recreation schedule for these areas allows detainees access to outdoor recreation a minimum of one hour every day.

Additional recreation activities are available and include: chess, checkers, television, video games, movies, dominoes and card games. Organized soccer, handball and volleyball tournaments are also provided to the detainee population.

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

(b)(6), (b)(7)c February 3, 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.

	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.				
2.	Space is available for detainees to participate in religious services.				Religious services are conducted in the facility's chapel.
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	\boxtimes			
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	This component is only applicable for SPCs and CDFs. This facility provides special meals, honors fasting requirements, facilitates special services, and allows for activity restrictions.
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes			
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.				
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes			
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			Religious services are available to detainees in the Special Management Unit.
	RELIGIOUS	PRACT	TICES		
		ndard	\square N/A	1	☐Repeat Finding

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

The facility provides each detainee with the opportunity to practice his or her religious beliefs. Religious services are conducted in an area that provides adequate space and equipment for religious programs. All religions represented in the facility have equal status and none are discriminated against.

The religious programs offered at this facility are planned, administered, and coordinated through the efforts of the facility Chaplain. The facility's religious program is augmented by community clergy and volunteers.

(b)(6), (b)(7)c February 3, 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.

icas	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			Telephones are available at least 14 hours each day.			
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			How to use the telephones, telephone restrictions, how to make confidential calls, collect call costs, etc. are addressed n handbook as well as in the orientation video which all detainees view. This information is also posted in each housing unit.			
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			All information required by this component related to the telephones and the consulate numbers are posted in all housing units.			
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						
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes			The number of telephones provided in all living units exceeds the 1:25 ratio.			
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes			Staff is required to inspect the telephones once per shift. These checks are documented in the post officer's log book.			
8.	Telephones are located a reasonable distance from televisions.	\boxtimes						
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			A designated staff member records all requests for service and follows up on all repairs.			
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.							
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			The facility policy requires staff to assist detainees who are having difficulty placing any type of call.			

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	V/N	Remarks
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			The facility allows special access calls once the need has been verified and documented. These calls usually occur within eight hours.
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	Special access, confidential, and family emergency calls are allowed and conducted at this facility.
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			The facility policy allows this to occur.
18.	All telephone restrictions are documented.	\boxtimes			
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes			
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			Once verified, emergency calls are usually returned within eight hours after receipt.
	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	\boxtimes			
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.	\boxtimes			

PART 5 – 31. TELEPHONE ACCESS							
This Detention Standard ensures that detainees may maintain tie	s with the	eir families	and oth	ners in the community by providing them			
reasonable and equitable access to telephone services.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.				The facility policy allows for "liberal telephone privileges" for detainees housed in protective custody or administrative segregation. At the time of the inspection, there were only eight detainees in this unit which has four telephones. Thus these detainees have unlimited access. If the population in this unit increases, unlimited access would not be available.			
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.				A notice is posted above every telephone that states all calls of a general nature will be 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.				The OIG hotline number is entered into all the detainee telephones as a speed dial number. A call was successfully placed to the OIG hotline using the detainee telephones.			
28. 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				The Business Manager is the facility liaison with Securus which is the telephone vendor.			
PART 5 – 31. TEL	EPHON	VE ACCES	S				
☑ Meets Standard ☐ Does Not Meet Sta							

The telephone vendor for this facility is Securus. There are an ample number of telephones in all detainee living units. The telephones are checked daily by security staff and at least weekly by ICE staff. Inoperative telephones are immediately reported to the facility liaison, and repairs are completed quickly. The liaison maintains files that indicate Securus has been responsive to requests for service, and that all repairs are completed in a timely manner. The facility is accommodating to detainees who need to make special or confidential calls and provides assistance when appropriate.

(b)(6), (b)(7)c February 3, 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			
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			All detainees receive one 30-minute visit each week. Special, additional visits are routinely authorized.
3.	The visitation schedule and rules are available to the public.	\boxtimes			
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\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			A pamphlet is given to the public that details the general visitation and legal visitation, dress code, policies, rules, and procedures. This pamphlet is written in English, Spanish, Haitian, Creole, and Filipino.
6.	A general visitation log is maintained.	\boxtimes			All visits are recorded in an electronic log.
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes			
8.	A visitor dress code is available to the public.	\boxtimes			The dress code is posted and is contained in the pamphlet which is available to visitors.
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			All visitors and their belongings must pass through a metal detector.
10.	The requirement on visitation by minors is complied with.	\boxtimes			
	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.				Minors are allowed to visit at this 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	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			
15.	Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			
16.	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 allowed for eight hours, Monday-Friday, and four hours on Saturday, Sunday and holidays.

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.

- 0							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
17.	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes					
18.	Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes					
19.	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			All persons entering this facility are required to be searched via a metal detector. Their belongings are placed through an x-ray machine. If the person cannot clear the metal detector, a pat searched is conducted or a hand-held wand is used to search the person.		
21.	Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes					
22.	The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes					
23.	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	This component is only applicable for SPCs and CDFs. All requests for a tour from any entity received by the facility are routed to the ICE FOD for review and approval/denial. All tours approved by the FOD are granted by the facility.		
24.	Provisions for NGO visitation as stated in the Detention Standards are complied with.	\boxtimes					
25.	Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	\boxtimes			Staff questioned stated any requests by law enforcement officials to visit with a detainee are referred to ICE personnel for approval.		
26.	Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.				Former detainees are not allowed to visit unless approved by ICE.		
	PART 5 – 32.	VISITA	ATION				
	Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The facility has a detailed policy that covers all types of visitation that may occur at this facility. All detainee general visitation is contact visitation. Attorney or legal visits are conducted in interview rooms. The rules, policies, dress code, and procedures for all types of visitation is posted in all living units, explained in the detainee handbook, and is available for the public in the form of a pamphlet. This facility houses Federal courtrooms for immigration hearings which are used continuously throughout the day. If approved, persons and detainees who attend these hearings are routinely given the opportunity to have short "special" visits after the hearing.

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	PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN	I			
wo	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 work we to next section.	at the I	GSA facilit	y. Ma	rk NA on Form G-324A, page 3 and			
	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 portion of this component requiring detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision is specific to SPCs and CDFs. Detainees are not allowed to work outside the confines of the facility.			
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follows written procedures. 	\boxtimes						
5.	Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes						
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.			\boxtimes	This component is only applicable for SPCs and CDFs. This facility limits detainee work hours to eight hours a day and forty hours a week.			
7.	Detainee volunteers ordinarily work according to a fixed schedule.	\boxtimes						
8.	If a detainee is removed from a work detail, staff places 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						
10.	The voluntary work program meets:OSHA standardsNFPA standardsACA standards			\boxtimes	This component is only applicable for SPCs and CDFs. The voluntary work program at this facility meets all of the standards identified in this component.			
11.	 Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 	\boxtimes						

PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAM	I			
This Detention Standard provides detainees opportunities to wo work opportunities available and within the constraints of safety		•		· ·			
ICE/DRO affords working detainees basic Occupational Safety		•		~ ·			
☐ Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.							
Components Weets Standard Weets Standard Weets W.A.A.							
12. Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes			All safety equipment training is documented and on file.			
13. Proper procedure is followed when an ICE detainee is injured on the job.							
PART 5 – 33. VOLUNTARY WORK PROGRAM							
☐ Meets Standard ☐ Does Not Meet Standard	ndard	□ N /A	1	☐Repeat Finding			

The facility provides detainees with the opportunity to work and earn money. Work assignments at this facility are strictly on a volunteer basis. Other than to do personal housekeeping duties, detainees are not required to work.

Information regarding the volunteer work program is provided to detainees during orientation as well as outlined in the detainee handbook. Selection to the program is not dependent upon on race, religion, national origin, gender, sexual orientation or disability.

Detainee working conditions are monitored by the facility's program coordinator to ensure working conditions comply with applicable federal, state, and local work safety laws and regulations.

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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
	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			The facility handbook and the ICE National Detainee Handbook are available in both English and Spanish versions.
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			
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			The facility utilizes Language Line Services as well as Interpretalk for interpretive services.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			
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			The current handbook was revised in August of 2010.
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. 	\boxtimes			These items are addressed in the handbook as well as in the orientation video, and are posted in the housing units.
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11.	The handbook states when a medical examination will be conducted.	\boxtimes			The handbook states that a medical examination is conducted within 14 days or 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.

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	Components	Meets Standard	Does Not Meet Standard	V/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			
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			Disposable razors are available on a daily basis. Procedures for obtaining razors are provided in the handbook as well as posted in the housing units.
15.	The handbook describes barber hours and hair cutting restrictions.	\boxtimes			Barbering hours are listed in the handbook as well as posted in the individual housing units.
16.	The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			
17.	The handbook addresses religious programming.				
18.	The handbook states times and procedures for commissary or vending machine usage. (where available)	\boxtimes			
19.	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			
22.	The handbook/supplement provides local ICE contact information.	\boxtimes			ICE contact information is provided in the handbook as well as posted in each of the housing units.
23.	The handbook describes the facility contraband policy.	\boxtimes			
	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			

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					
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 				The specific portion of this component requiring procedures for filing an appeal of a grievance with ICE is specific to CDFs. Detainees at this facility are informed via the detainee handbook that they may file a grievance with ICE. All of the requirements of this component are addressed in the handbook.		
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes					
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	\boxtimes					
 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			Detainee's rights and responsibilities are provided in the handbook as well as posted in the unit and described in the orientation video.		
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes					
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.						
PART 6 - 34. DETAINEE HANDBOOK						

	⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding
The facility rules, regular care. English	y provides every detainee, up lations, disciplinary system, g ish and Spanish versions of t	pervations, other sources used, etc.) on admission, with a comprehensive grievance system, sanctions as well the handbook are available. In additional to the cility handbook, detainees also received.	e handbook. The as services and protion, the facility pr	ograms available including medical rovides an orientation video during
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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.

file	file 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			Detainees are informed regarding the informal and formal grievance system via the facility's handbook and orientation video.			
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 filling/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 				The handbook provides an explanation of the grievance procedures and addresses all of the requirements 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.							
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						
	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			A review of the facility's grievance policy indicates that written procedures are in place to provide staff guidance for identifying and the handling of emergency grievances. A review of the facility's grievance log indicates there have been no emergency grievances filed during the past year.			
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.							

PART 6 – 35. GRIEVANCE SYSTEM

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes						
 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 facility's Grievance Coordinator maintains a computerized grievance log. "Nuisance complaints" are identified in the file and documented.			
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.	\boxtimes						
11. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			Any grievance that includes officer misconduct is forwarded to ICE.			
12. Informal resolution of a written grievance is documented in the detainee's Detention File.							
13. Staff complies 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 	\boxtimes			The portion of the component requiring a detainee to file an appeal with the ICE Facility Administrator when he/she does not accept the grievance committee's decision is specific to SPCs and CDFs. Detainees are allowed to file an appeal to ICE. Written procedures are outlined in the detainee handbook regarding the appeals process.			
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.				This component is only applicable for SPCs and CDFs. The facility provides detainees five days after the incident or informal-grievance outcome to file a formal grievance.			
PART 6 – 35. GRII				Damagé Ein P			
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

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

The facility has written policy and procedures that establish a means for which detainees are able to file a formal grievance. All formal grievances are logged and tracked by the facility's Grievance Coordinator in a computerized log. The facility's policy establishes time limits for processing, investigating, and responding to all grievances, including medical grievances. Standard procedures include providing the detainee with a written response to any formal grievance, which includes the basis for the decision.

A review of the grievance system indicates that detainees receive written responses, which include the reasons and basis for the decision in a timely manner. The facility's policy allows detainees to appeal the initial decision to a higher level.

All grievances involving officer misconduct are forwarded to ICE for review.

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PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL						
This D	Detention Standard protects detainees' rights by ensuring the	heir acce	ess to court	s, coun	sel, and legal materials.	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	ne facility provides a designated law library for etainee use.	\boxtimes			This facility has two complete separate law/general libraries for detainee use. This facility is a campus-style complex spread out over 200 acres. Each end of the complex has its own library.	
"A	ne law library contains all materials listed in the access to Legal Materials" Standard, Attachment A. ne listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.	\boxtimes			The libraries contain legal publications and computers with Lexis/Nexis software. Therefore, there is no requirement to post the listing of materials.	
for	the Lexis/Nexis CD-ROM service alternative is used rethe publications in Attachment A, the facility ovides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both.	\boxtimes			Each library has four computers loaded with the latest version of Lexis/Nexis. There are nine typewriters available for use. Printers are also available for detainee use. Supplies and a copier are also available, as needed.	
	ne library contains a sufficient number of chairs, is ell lit and is reasonably isolated from noisy areas.	\boxtimes				
typ	ne law library is adequately equipped with pewriters, computers or both and has sufficient upplies for daily use by the detainees.					
	etainees are provided with the means to save legal ork in a private electronic format for future use.	\boxtimes			Detainees may save their legal research materials on a CD ROM.	
ар	ne facility subscribes to updating services where oplicable and legal materials requiring updates are irrent.	\boxtimes				
su leg an	utside persons and organizations are permitted to ibmit published legal material for inclusion in the gal library. Outside published material is forwarded nd reviewed by the ICE prior to inclusion.	\boxtimes			The facility accepts donated items for the legal and general libraries, if approved by the ICE field office.	
ins an pro	nere is a designated ICE or facility employee who spects, updates, and maintain/replace legal material and equipment on a routine basis. The designee operly disposes outdated supplements and replaces amaged or missing material promptly.	\boxtimes			One of the ICE compliance staff members has been assigned to inspect, update, and ensure all items, including all the computers and printers, in the law library are in working order. He visits the libraries at least once each week.	
the red fac	etainees are offered a minimum 5 hours per week in e law library. Detainees are not required to forego creation time in lieu of library usage. Detainees cing a court deadline are given priority use of the law rary.	\boxtimes			Detainees are allowed a minimum of seven hours of library use each week.	

PART 6 – 36. LAW LIBRARI	ES ANI	D LEGAL	MATE	CRIAL
This Detention Standard protects detainees' rights by ensuring t	heir acc	ess to court	s, coun	sel, and legal materials.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	\boxtimes			All requests are routed to the ICE field office. Additionally, the Florence Project will assist detainees with their legal issues and requests for documents.
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 ensures 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			All requests from non-English speaking detainees for legal assistance are referred to the ICE field office.
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.				A computer with the latest version of Lexis/Nexis is maintained in a locked space in the SMU for detainees in that housing area to use. If additional information is needed, they are referred to ICE.
16. All denials of access to the law library fully documented.	\boxtimes			
17. Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.				
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.				
PART 6 – 36. LAW LIBRARI	ES ANI	D LEGAL	MATE	CRIAL
	ndard	□ N /A	\	Repeat Finding

The facility has two large areas that are used as the legal library and the general library. Combined, these rooms have space for 68 detainees at a time. There are ample computers and typewriters available for detainee use. Detainees are allowed to assist each other. If additional legal assistance is needed, ICE may be contacted. The libraries are available for detainee use at least seven hours each week.

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	PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS				
	is Detention Standard protects detainees' rights by ensuring canizations for the purpose of informing them of U.S. immigrations				n presented by authorized persons and
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Check here if No Group Presentations were conducted overall and continue on with				
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	\boxtimes			The Florence Project, a non- governmental grant-funded entity, comes into the facility twice a week and conducts general legal rights presentations related to immigration rights and laws.
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	\boxtimes			The ICE Field Office has approved the Florence Project to enter the facility on a weekly basis. The local attorneys are aware of the work the Florence Project conducts within the facility.
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	\boxtimes			ICE legal staff meets with the Florence Project staff to ensure the presentation material is appropriate.
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	\boxtimes			A notice is posted in all housing units informing detainees they may send a request to the Florence Project staff to attend their weekly presentations or to seek individual legal advice/assistance.
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	\boxtimes			A video titled "Know Your Legal Rights" is played in all housing units daily. Detainees are allowed to attend the Florence Project presentations, if approved by the Florence Project staff. If a detainee is a security risk and the facility determines s/he should not attend, the decision is documented and placed in the detainee's file. The detainee is notified.
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.	\boxtimes			Two presentations are conducted weekly by staff from the Florence Project. The presenters select who may attend.
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	\boxtimes			Detainees in segregation may write to the Florence Project and ask for legal assistance.
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.	\boxtimes			

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 conducted overall and continue on with					
Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	\boxtimes			Two weekly presentations which are 90 minutes in duration are conducted by the Florence Project.	
10. Staff permits presenters to distribute ICE/DRO-approved materials.	\boxtimes				
11. The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff is present but do not monitor conversations with legal providers.	\boxtimes				
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			ICE and facility staff have open lines of communication established with the Florence Project staff. Issues and problems are discussed and documented. If suspension occurs, it is documented in detail and the reasons explained.	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes			A video approved by ICE entitled "Know Your (legal) Rights" is played in each housing unit daily.	
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 	\boxtimes				
 The facility maintains equipment for viewing approved electronically formatted presentations. 	\boxtimes				
PART 6 - 37. LEGAL RIGHT	S GRO	UP PRESE	NTAT	TIONS	
	ndard	□ N/A	`	Repeat Finding	

There have been no requests by a non-governmental organization to conduct legal rights presentations to the detainee population in the last year other than the Florence Project. The Florence Project is federally funded by a grant. The Florence Project conducts legal rights presentations on immigration laws twice a week in the facility. They also assist detainees with legal research and provide assistance on a one-on-one basis for select detainees regarding their deportation case. ICE and facility staff routinely meets with staff from the Florence Project to keep open lines of communication and ensure there are no problems or issues related to security issues or inappropriate presentations.

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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.

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	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			All paperwork generated by or for a detainee is placed in the detainee file.
3.	 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			All documentation including requests, grievances, ICE and facility forms, disciplinary forms/results, and all staff/ICE responses are placed in each detention file.
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.				The portion of this component requiring detention files be maintained in lockable cabinets and the key distribution to be limited to supervisors if the files are not located in a secure area is specific to SPCs and CDFs. All files are maintained in open cabinets in a locked room. This office has (b)(7)e (b)(7)estaff member assigned to maintain all of the active and inactive detention files.
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	\boxtimes			All release documents with original signatures are placed in the detention files before sending them to storage.
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			The staff member assigned to maintain the detention files has an authorization list of who may receive copies of documents from these files.
8.	Appropriate staff has access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			

PART 7 – 38. DETENTION FILES				
This Detention Standard contributes to efficient and responsible facility for more than 24 hours a file of all significant information	facility n	nanagement	•	ntaining for each detainee booked into a
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	\boxtimes			
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			
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			The room where all of the detention files are located is adjacent to the mail room. Staff shares computers, printers, supplies, etc. in this area.
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	\boxtimes			
14. Archived files are purged after six years by shredding or burning.	\boxtimes			The detention file standard states archived files may be purged after six years. This facility is maintaining archived files indefinitely.
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	\boxtimes			
PART 7 – 38. DE	TENTI	ON FILES		
☑ Meets Standard ☐ Does Not Meet Sta	ndard	□ N /A	A	☐Repeat Finding
Remarks: (Record significant facts, observations, other sources used, etc.) All detainee detention files are maintained in a secure room. There is (b)(7)e staff member who maintains all of these records and ensures all of the documents generated about or for the detainee during his/her stay are placed in the correct file. All files of detainees who have been released or transferred are cataloged, recorded, and routed to a storage area on site. All of the files reviewed by this inspector were complete and contained a variety of facility and ICE forms. All files reviewed contained the appropriate documentation and signatures. (b)(6), (b)(7)c / February 3, 2011 Reviewer's Signature / Date				

PART 7 - 39. NEWS MEDIA				
This Detention Standard ensures that the public and the media a through interviews and tours.	re infori	med of ever	nts with	in the facility's areas of responsibility
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks
 The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation. 	\boxtimes			The facility policy requires that all requests by the media for interviews and/or tours be approved by ICE at the field office level.
 All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File. 	\boxtimes			The detainee is required to sign a Media Agreement Form which states he/she has consented to the interview. Copies are placed in the detention and A-file respectively.
 The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case. 	\boxtimes			Facility policy addresses this requirement.
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.	\boxtimes			This facility uses the Consent to Media Access Form and the Media Agreement Form, which the detainee signs prior to the interview being conducted. Copies of each are placed in the detention file and the A-file.
 5. All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of 				The requirements of this component are addressed in the facility's policy on news media tours and interviews.

	from such a press pool is ws media, without right of dcast.			
P	ART 7 - 39. NEWS MEDIA INTER	VIEWS AND TO	OURS	
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding	
				_

The facility policy mirrors the PBNDS standard for interviews and tours by the media. The Assistant Warden stated approximately two to three media interviews of detainees occur each year. All requests are routed to the ICE field office for approval. Once approved, the entity requesting the interview is identified and provisions are made for the interview or tour to occur. This inspector reviewed a request that had been made by LaDona Spanish Newspaper and France 5 (television station) to conduct a tour for a story being developed about immigration. The tour was approved and conducted by the Acting AFOD.

(b)(6), (b)(7)c / February 3, 2011 Reviewer's Signature / Date

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	\boxtimes			All staff, contractors and volunteers are provided orientation and initial training as well as annual training.
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes			
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	\boxtimes			The facility has a certified Staff Training Coordinator that is responsible for overseeing the training and development of facility staff.
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes			
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems.	\boxtimes			The facility maintains training records electronically.

they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards 				A review of the documentation on file indicates that each new employee, contractor, and volunteer are provided an orientation prior to assuming duties. Each new employee, contractor, and volunteer receiving 40 hours of initial training that addresses each element listed in this component.

they receive minum and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 				All staff, including clerical/support employees, complete 40 hours of initial training that addresses each area listed in this component.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 8. Professional and support employees (including contractors) who have regular or daily detained contact will receive training on the following subjects at a minimum: Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of suicide risk and hunger strike Suicide precautions Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plan and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques Sexual harassment/sexual misconduct awareness. National Detention Standards. 				A review of the documentation on file indicates that an additional 40 hours of training is provided to employees having regular or daily contact with detainees. The training provided includes the items listed in this component.

they receive find at and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 9. Full-time health care employees receive at least a hours of formal orientation before undertaking the assignments. At a minimum, the orientation progratincludes: The purpose, goals, policies and procedures of the facility and parent agency security at 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 take hostage. 	eir m or nd			A review of training files indicates that full-time health care employees receive a minimum of 40 hours of formal orientation and training before assuming assigned duties.	

they receive mittal and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work 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 documentation indicates that security personnel are provided training that includes the items listed in this component. Newly hired security personnel receive a total of 200 hours of training the first year of employment.
Specialized training before undertaking their assignments.	\boxtimes			(b)(7)e
12. Facility management and supervisory staff receive:Management and Supervisory training	\boxtimes			
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.	\boxtimes			Only personnel authorized to use firearms receive training covering the use, safety, care and constraints on their use. This training must be completed before assignment to a weapons' post.

they receive find and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			Personnel authorized to use firearms must qualify and demonstrate competency on an annual basis.
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.				All personnel authorized to use chemical agents are trained in the use of chemical agents and in the treatment of individuals exposed. Chemical agents are not provided to individuals unless training has been documented.
 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. 				
17. New staff is required to acknowledge in writing that they have reviewed and understand the facility's drugfree workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.				
 18. All staff is 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. 				All staff receives training regarding these components during the facility's initial 40 hours of orientation and training.

they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes					
 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary 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, including by ambulance when indicated. 				A review of documentation indicates that staff having frequent contact with detainees receives annual training regarding responding to health-related emergencies. Documentation shows that the average response at this facility is less than four minutes. Training drills are conducted. The last drill was conducted October of 2010. All staff is trained to recognize signs of potential health emergencies and to obtain medical assistance. All staff is CPR certified. In addition, staff in frequent contact with detainees are trained to recognize the signs and symptoms of mental illness, suicide, retardation and chemical dependency. The facility has an established plan and procedure for providing emergency care, including the transfer of detainees to local hospital via ambulance.		
 21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an acceptable consequence of detention. Recognizing housing or other situations where sexual abuse or assault may occur. Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				A review of the facility's annual training plan indicates that staff receives training on the facility's Sexual Abuse and Assault Prevention and Intervention Program. The facility has a comprehensive Prison Rape Elimination Act compliance program in place.		

they receive mittal and ongoing refresher training.	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. 				Documentation on file indicates that all staff is trained annually regarding the Suicide Prevention and Intervention Program. All elements of this component are included in the facility's Suicide Prevention and Intervention training.			
23. All staff is trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.							
24. All staff is trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff is 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.	\boxtimes						
25. Through ongoing (at least annual) training, all detention facility staff is 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.				The annual training plan includes all of the elements listed in this component.			

PART 7 – 40. ST	AFF TI	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					
PART 7 – 40. STAFF TRAINING						
	ndard	\square N/A	\	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The facility provides comprehensive training to all facility staff, contractors, and volunteers. The facility's Staff Training Coordinator has developed training that provides an appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers. All training is provided by qualified trainers. Staff and contractors with minimal detainee contact receive initial and annual training. Professional, support, medical, contractors and security staff who have regular contact with detainees or have significant responsibility involving detainees, receive initial and annual training commensurate with their responsibilities. Each individual working at this facility has a specific training plan individualized for the responsibilities of their position.						
(b)(7)e or to posts requiring a weapon must receive additional training. In addition, security staff and contractors are trained in self-defense and use of force techniques.						
(b)(6), (b)(7)c February 3, 2011 Reviewer's Signature / Date						

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	Meets Standard	Does Not Meet Standard	V/N	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	\boxtimes			If the G-28 exists, ICE staff contacts the attorney of record regarding any transfer of their client. This notification is
	When the A-File is not available, notification is noted within ENFORCE.				documented and placed in the detainee's file.
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			Forms reviewed contained this information.
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			
5.	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone 	\boxtimes			The facility does not inform the detainees when they are being transferred nor do they let them place calls once they have been told of the transfer for obvious security reasons.
6.	calls or have contact with any detainee in the general population. The detainee is provided with a completed Detainee	\boxtimes		П	
7.	Transfer Notification Form. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.				The I-203 is used for most releases.
9.	 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. Detainees are transferred with a completed transfer summary, sheet in a sealed envelope with the				
4.5	summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.				
10	For medical transfers, transporting officers receive instructions regarding medical issues.				

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	Meets Standard	Does Not Meet Standard	N/A	Remarks		
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	\boxtimes					
12. Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes					
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.	\boxtimes			Free calls are given to detainees when they arrive at the facility.		
14. Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			Sack lunches are provided.		
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub-office.	\boxtimes					
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes					
PART 7 - 41. TRANSFER OF DETAINEES						
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding						

This facility and the ICE staff on-site communicate and coordinate releases of detainees in an efficient manner. All of the forms that are required by this standard were reviewed. The medical staff coordinates release with facility and ICE staff; and all of the documentation and medications, when needed, are provided. ICE staff are following all of the established policies related to the transfer of detainees from this facility.

(b)(6), (b)(7)c February 3, 2011
Reviewer's Signature / Date