N/A; N/A; N/A;

N/A

Estimated Man-days Per Year

A. Type of Facility Reviewed	
☐ ICE Contract Detention Facility	G. Accreditation Certificates
☐ ICE Intergovernmental Service Agreement	List all State or National Accreditation[s] received:
	ACA - 2009, JCAHO - 2010, NCCHC - 2009
B. Current Inspection	Check box if facility has no accreditation[s]
Type of Inspection	
Field Office HQ Inspection	H. Problems / Complaints (Copies must be attached)
Date[s] of Facility Review	The Facility is under Court Order or Class Action Finding
March 22-24, 2011	☐ Court Order ☐ Class Action Order
	The Facility has Significant Litigation Pending
C. Previous/Most Recent Facility Review	☐ Major Litigation ☐ Life/Safety Issues
Date[s] of Last Facility Review	Check if None.
May 4-6, 2010	
Previous Rating	I. Facility History
Meets Standard     □ Does Not Meet Stand	ard Date Built
	1961
D. Name and Location of Facility	Date Last Remodeled or Upgraded
Name	N/A
Florence Dentention Center	Date New Construction / Bedspace Added
Address (Street and Name)	250 beds added in 1990
3250 N. Pinal Parkway	Future Construction Planned
City, State and Zip Code	Yes No Date: 03/2011 expansion of medical,
Florence, Arizona 85132	remodel of kithchen
County Pinal	Current Bedspace Future Bedspace (# New Beds only)
Name and Title of Facility Administrator (Warden/OIC/Superintende	Number: N/A Date: N/A
(b)(6), (b)(7)c Acting Facility Administrator	ant)
Telephone # (Include Area Code)	J. Total Facility Population
<b>520-705</b> (6), (b)(7)c	Total Facility Intake for previous 12 months
Field Office / Sub-Office (List Office with oversight responsibilities)	17282
Phoenix Field Office	Total ICE Mandays for Previous 12 months
Distance from Field Office	118625
64 miles	
	K. Classification Level (ICE SPCs and CDFs Only)
E. ICE Information	L-1 L-2 L-3
Name of Inspector (Last Name, Title and Duty Station) (b)(6), (b)(7)&CI / MGT of America	Adult Male <b>298 28 0</b>
	Adult Female 0 0
Name of Team Member / Title / Duty Location	
(b)(6), (b)(7)©I-Security / MGT of America	L. Facility Capacity
Name of Team Member / Title / Duty Location	Rated Operational Emergency
(b)(6), (b)(7) CI-Medical Care / MGT of America	Adult Male 392 392 392
Name of Team Member / Title / Duty Location	Adult Female 0 0
(b)(6), (b)(7) CI-Environmental Health & Safety / MGT of	☐ Facility holds Juveniles Offenders 16 and older as Adults
America	
Name of Team Member / Title / Duty Location	M. Average Daily Population
(b)(6), (b)(7)d CI-Food Service / MGT of America	ICE USMS Other
E CDE/ICCA Information Only	Adult Male 325 0 0
F. CDF/IGSA Information Only  Contract Number Date of Contract or IGSA	Adult Female 0 0
N/A N/A  Pagia Patas par Man Day	N. Facility Staffing Level
Basic Rates per Man-Day	Security: Support:
N/A Other Charges: (If None Indicate N/A)	ASSET(b)(7)eICE(b)(7)e ASSET(b)(7)e ICI(b)(7)e
Other Charges: (If None, Indicate N/A)	

## Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	0	0	0	1P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	3	2	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility					
Offender / Detainee Medical Referrals as a result of injuries sustained.		4	5	4	3
Escapes	Attempted	0	0	0	0
-	Actual	0	0	0	0
Grievances:	# Received	7	5	5	6
	# Resolved in favor of Offender/Detainee	0	0	0	0
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	98	129	107	113
	# Psychiatric Cases referred for Outside Care	0	0	2	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. I	Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable	1	2	3	4			
PA	RT 1 SAFETY							
1	Emergency Plans	$\boxtimes$						
2	Environmental Health and Safety	$\boxtimes$						
3	Transportation (By Land)	$\boxtimes$						
PA	RT 2 SECURITY							
4	Admission and Release	$\boxtimes$						
5	Classification System	$\boxtimes$						
6	Contraband	$\boxtimes$						
7	Facility Security and Control	$\boxtimes$						
8	Funds and Personal Property	$\boxtimes$						
9	Hold Rooms in Detention Facilities							
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							
PA	RT 3 ORDER							
19	Disciplinary System							
	RT 4 CARE							
20	Food Service							
21	Hunger Strikes	$\boxtimes$						
22	Medical Care							
23	Personal Hygiene	$\boxtimes$						
24	Suicide Prevention and Intervention							
25	Terminal Illness, Advance Directives, and Death							
	RT 5 ACTIVITIES							
26	Correspondence and Other Mail	$\boxtimes$						
27	Escorted Trips for Non-Medical Emergencies							
28	Marriage Requests							
29	Recreation							
30	Religious Practices							
31	Telephone Access							
32	Visitation							
33	Voluntary Work Program							
	RT 6 JUSTICE							
34	Detainee Handbook							
35	Grievance System							
36	Law Libraries and Legal Material							
37	Legal Rights Group Presentations							
	RT 7 ADMINISTRATION & MANAGEMENT							
38	Detention Files							
39	News Media Interviews and Tours							
40	Staff Training							
41	Transfer of Detainees	$\boxtimes$						

## **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
LCI & MGT	March 26, 2011
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Security, MGT of America	(b)(6), (b)(7)c CI-Medical Care, MGT of America
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Environmental Health & Safety/Food	
Service, MGT of America	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
_	
Recommended Rating: Meets Stan	
☐ Does Not N	Ieet Standards
Comments	
Comments:	
The Florence Detention Facility had no reported Escapes, Deat	hs, or Disturbances.

(b)(7)e

canines, and no chemical agents were used over the past year.

Office of Enforcement and Removal **Operations** 

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



APR 29 2011

**MEMORANDUM FOR:** 

Katrina S. Kane

Field Office Director

Phoenix Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

Florence Detention Facility Annual Review

The annual review of the Florence Detention Facility conducted on March 22-24, 2011, in Florence, Arizona has been received. A final rating of Meets Standards has been assigned. No further action is required and this review is closed.

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

- 1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before March 22, 2012.

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

cc: Official File

ICE :04/14/2011 (b)(6), (b)(7)c(b)(7)e

HEADQUA	RTERS EXECUTIVE REVIEW			
Review Author	ity			
	elow constitutes review of this report and a report to respond to all findings and reco		view Authority. OIC/CEO w	rill have 30 days from
HQDRO EXECU	TIVE REVIEW: (Please Print Name)	Signature		
(b)(6), (b)(7)c	7		(b)(6), (b)(7)c	
Title	· <del></del>	Date		
Assistant Dire	ctor for Detention Management		4/28/11	
Final Rating:	<ul><li>✓ Meets Standards</li><li>✓ Does not Meet Standards</li></ul>		/ /	
Comments:	The Review Authority concurs with the No further action is required and this rev		of "Meets Standard" for the F	lorence Detention Facility.

## **Condition of Confinement Inspection Worksheet**

(This document must be attached to each G-324A Detention Review Form)

This Form is to be used for Inspections of Facilities used over 72 Hours



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

5-11-09 update **Intergovernmental Service Agreement (IGSA)**  $\boxtimes$ **ICE Service Processing Center (SPC) ICE Contract Detention Facility (CDF)** Name Florence Detention Center Address (Street and Name) 3250 N. Pinal Parkway City, State and Zip Code Florence, Arizona 85132 County Pinal Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) (b)(6), (b)(7)cActing Assistant Field Office Director Name and Title of Lead Compliance Inspector (b)(6), (b)(7)cLCI Date[s] of Review From 3/22/11 to 3/24/11 Type of Review Operational Special Assessment Other

## Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

## What is "Performance-Based"?

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

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

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

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

## **Worksheet Overview**

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

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

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

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

## **Worksheet Completion**

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

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

## **Outcome Measures Completion**

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

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

## Table of Contents

## **SECTION I - SAFETY**

Emergency Plans
Environmental Health and Safety
Transportation (By Land)

#### **SECTION II - SECURITY**

Admission and Release Classification System

Contraband

Facility Security and Control Funds and Personal Property

**Hold Rooms in Detention Facilities** 

**Key and Lock Control** 

**Population Counts** 

**Post Orders** 

**Searches of Detainees** 

**Sexual Abuse and Assault Prevention and Intervention** 

**Special Management Units** 

**Staff-Detainee Communication** 

**Tool Control** 

**Use of Force and Restraints** 

## **SECTION III - ORDER**

**Disciplinary System** 

#### **SECTION IV - CARE**

**Food Service** 

**Hunger Strikes** 

**Medical Care** 

**Personal Hygiene** 

**Suicide Prevention and Intervention** 

Terminal Illness, Advance Directives, and Death

## **SECTION V - ACTIVITIES**

**Correspondence and Other Mail** 

**Escorted Trips for Non-Medical Emergencies** 

**Marriage Requests** 

Recreation

**Religious Practices** 

**Telephone Access** 

**Visitation** 

**Voluntary Work Program** 

## **SECTION VI – JUSTICE**

**Detainee Handbook** 

**Grievance System** 

Law Libraries and Legal Material

**Legal Rights Group Presentations** 

## **SECTION VII – ADMINISTRATION & MANAGEMENT**

**Detention Files** 

**News Media Interviews and Tours** 

**Staff Training** 

**Transfer of Detainees** 

## **Performance-Based National Detention Standards**

## **Section I SAFETY**

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

## PART 1 – 1. EMERGENCY PLANS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.	$\boxtimes$			
2.	Detainees are protected from:  Personal abuse  Corporal punishment  Personal injury  Disease  Property damage  Harassment from other detainees				Facility policy 3.2.6, Emergency Plan Development and Implementation, indicates detainees are protected from all the bulleted points listed.
3. •	Staff are trained to identify signs of detainee unrest.  What type of training and how often?				Staff is trained to identify signs of detainee unrest during staff orientation training and also during annual training.
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	$\boxtimes$			Facility staff communicates daily with administrative staff regarding facility climate and detainee attitudes.
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.	$\boxtimes$			
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	$\boxtimes$			Staff training files and training outlines indicate staff receives emergency plan training as required by this component.
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	$\boxtimes$			
10.	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	$\boxtimes$			

## PART 1 - 1. EMERGENCY PLANS

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

plans to quickly and effectively respond to any efficiency	Situatio	i i i i i i i i i i i i i i i i i i i		d to minimize their seventy.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.</li> </ol>	$\boxtimes$			
<ul> <li>12. The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>	$\boxtimes$			The facility maintains Memoranda of Understandings (MOUs) regarding support by other local law enforcement and federal agencies.
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.	$\boxtimes$			Mock emergency exercises are conducted with other agencies each year.
14. All staff receive copies of the Facility Hostage policy and procedures.	$\boxtimes$			All new staff receives copies of the facility hostage policy during orientation training.
15. Staff are trained to (b)(7)e  (b)(7)e  Within 24 hours after release, hostages are screened for medical and psychological effects.	$\boxtimes$			Facility policy and training files indicate staff is trained (b)(7)e (b)(7)e (b)(7)e Medical and psychological screening is required is required by policy within the timeframe referenced.
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	$\boxtimes$			
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	$\boxtimes$			Facility policy requires a medical screening of staff and detainees occur after an incident. Medical staff are available on site for treatment, as needed.
18. The Food Service Department maintains at least 3-days' worth of emergency meals for staff and detainees.	$\boxtimes$			Food service maintains more than a three-day supply of food in case of emergency.
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	$\boxtimes$			
<ol> <li>Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.</li> </ol>	$\boxtimes$			

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>21. (MANDATORY) Written procedures cover:</li> <li>Work/Food Strike</li> <li>Fire</li> <li>Environmental Hazard</li> <li>Detainee Transportation System Emergency</li> <li>ICE-wide Lockdown</li> <li>Staff Work Stoppage</li> <li>Disturbances</li> <li>Escapes</li> <li>Bomb Threats</li> <li>Adverse Weather</li> <li>Internal Searches</li> <li>Facility Evacuation</li> <li>Detainee Transportation System Plan</li> <li>Hostages (Internal)</li> <li>Civil Disturbances</li> </ul>				Each bulleted point is covered in detail in the facility emergency plan policies. Staff also trains each year in the proper procedures to handle internal and external emergencies.	
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	$\boxtimes$				
PART 1 – 1. EME	RGEN	CY PLANS	<u> </u>		
	andard	□ N/A	,	☐Repeat Finding	
temarks: (Record significant facts, observations, other sources used, etc.) acility policy details emergency implementation and contingency plans regarding all components listed in this standard. Staff					

receives training and practice in dealing with both internal and external facility emergencies yearly. The facility maintain (b)(7)e copies of emergency plans and all of the plans list the locations of shut off valves and switches for utilities.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date

	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.	$\boxtimes$			Hazardous materials are maintained and stored appropriately. Inventories are maintained for hazardous materials. The facility's Safety Officer oversees all hazardous material inventories, storage, and use.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	$\boxtimes$			Constant inventories are maintained, as required, and were reviewed during the inspection.
3.	<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>	$\boxtimes$			The MSDS file was up-to-date at the time of the inspection for all hazardous substances at the facility. Storage areas are listed in the MSDS files. The facility's Safety Officer has access to all MSDSs of substances used in the facility.
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.	$\boxtimes$			Personnel using flammable, toxic, and/or caustic substances have been trained in the use of personal protective equipment as well as the process for properly reporting hazards and spills to the Safety Officer.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	$\boxtimes$			MSDSs are readily available to staff in the Master Control room of the facility, as well as in the medical area. The local fire department also maintains a complete copy of the MSDS for substances used in the facility.
6.	<ul> <li>Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited.</li> <li>Detainees are trained.</li> <li>Staff always supervise detainees using these substances.</li> </ul>	$\boxtimes$			Quantities of hazardous materials are limited in the facility and used under the supervision of trained personnel. Detainees have very little contact with hazardous materials. When they have contact, they are trained and under the direct supervision of staff.
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	$\boxtimes$			

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	$\boxtimes$			
9.	All toxic and caustic materials stored in their original containers in a secure area.	$\boxtimes$			Toxic and caustic materials in the facility are stored in their original containers in secure areas.
10.	Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	$\boxtimes$			The Safety Officer reported that all substances are disposed of when they are no longer needed.
11.	Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			$\boxtimes$	Products containing methyl alcohol are not used in the facility.
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.	$\boxtimes$			
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).	$\boxtimes$			Facility policy directs compliance with all applicable codes, standards, and regulations.
14.	A technically qualified staff member conducts fire and safety inspections.	$\boxtimes$			Fire and safety inspections are conducted weekly by a qualified staff member. Documentation of these weekly inspections was reviewed during the inspection.
15.	The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	$\boxtimes$			Inspection reports were reviewed in the office of the Safety Officer.  Some reports are maintained in an automated format and others are paper-based. The facility is migrating all of the inspection reports to an automated form.
16.	(MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.				The facility's fire prevention, control and evacuation plan is reviewed and approved annually by the local fire department. The approving document dated May 2010 was reviewed.

	ts lard	Not et lard	4	
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
<ul> <li>17. The plan requires:</li> <li>Monthly fire inspections.</li> <li>Fire protection equipment strategically located throughout the facility.</li> <li>Public posting of emergency plan with accessible building/room floor plans.</li> <li>Exit signs and directional arrows.</li> </ul>	$\boxtimes$			
<ul> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> <li>18. Fire drills are conducted and documented quarterly in</li> </ul>				Fire drills are conducted as
all facility locations including the administrative area.	$\boxtimes$			required. Documentation in the Safety Office for the fire drills was reviewed.
19. A sanitation program covers barbering operations.				Sanitation guidelines are posted in the barbershop.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	$\boxtimes$			The barbershop is in a trailer in the recreation area of the facility. The barbershop adheres to sanitation guidelines.
21. The sanitation standards are conspicuously posted in the barbershop.				Sanitation guidelines are posted in the barbershop.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	$\boxtimes$			Items representing potential safety or security risks are maintained in locked areas, most of which are in the maintenance area. These items are checked and inventoried daily by either the Safety Officer or Maintenance Supervisor.
<ul> <li>Standard cleaning practices include:</li> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>	$\boxtimes$			The facility utilizes standard cleaning practices using specified equipment, cleansers, disinfectants, and detergents. An established cleaning schedule is followed.
25. Spill kits are readily available.	$\boxtimes$			Spill kits are readily available in each control room.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	$\boxtimes$			Biomedical Waste Solutions disposes of infectious/bio-hazardous waste.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$			All staff receives training to prevent contact with blood and other body fluids. Training is provided in new employee training as well as annual refresher training.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$			A private waste management company disposes of refuse for the facility. The handling and disposal of refuse meets all regulatory guidelines.
<ul> <li>29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventive spraying for indigenous insects.</li> </ul>	$\boxtimes$			Documentation of the services provided by a licensed/certified pest control professional was examined during the inspection which comply with the requirements of this component. A private company provides monthly services and upon special request.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			Drinking water is tested monthly by the Arizona Department of Environmental Quality.
<ul> <li>31. Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>	$\boxtimes$			Emergency generators are tested weekly for one hour. Each quarter a private company tests the generators under load. If needed, corrective action is taken.
32. The Facility appears clean and well maintained.	$\boxtimes$			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	$\boxtimes$			Hazardous material storage areas are secure and structurally sound. Storage cabinets are maintained in a locked area.
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	$\boxtimes$			The Health Services Administrator (HAS) has implemented a program which supports a high level of environmental sanitation. The program includes provision and supervision of emergency drills such as a mass casualty.  Additionally, daily inspections of the medical facility and weekly inspections of the kitchen occur.

$P\Delta RT1-2$	ENVIRONMENTAL	HEALTH AND	SAFFTY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	$\boxtimes$			The medical facility is inspected daily as required by this component and these inspections are documented. Deficiencies found during the inspection are duly noted and forwarded to the appropriate area for correction and/or repair.
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	$\boxtimes$			The facility Safety Officer and medical personnel both provide the services identified in this component, depending upon the need.
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.	$\boxtimes$			The facility's Safety Officer is responsible for completion of the requirements of this component.
<ul> <li>38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: <ul> <li>American Correctional Association,</li> <li>Occupational Safety and Health Administration,</li> <li>Environmental Protection Agency,</li> <li>Food and Drug Administration,</li> <li>National Fire Protection Association's Life Safety Code, and</li> <li>National Center for Disease Control and Prevention.</li> </ul> </li></ul>	$\boxtimes$			The facility is certified by the American Correctional Association, the National Commission on Correctional Health Care, and the Joint Commission on the Accreditation of Healthcare Organizations. The facility adheres to all standards established by the agencies identified in this component.
PART 1 – 2. ENVIRONMEN	TAL HE	ALTH AN	D SAI	ETY
	andard	□ N/A		☐Repeat Finding

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

The facility was found to be clean and safe at the time of the inspection. Staff exhibits an understanding of the safety requirements for hazardous, caustic, and toxic materials. The Safety Officer is well versed in the requirements of the Occupational Safety and Health Administration (OSHA) and other regulatory agencies, as well as proper safety procedures which contribute to a safe facility for detainees and staff. Storage of hazardous materials meets the requirements of this standard. All materials are maintained in their original containers with running inventories maintained. The system for storing, issuing, and maintaining hazardous materials is under the purview of the Safety Officer.

The facility's fire prevention, control, and evacuation plan is reviewed and approved annually by the local fire department, as required.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

	PART 1 – 3. TRANSP	ORTAT	ION (BY L	.AND)	
eq the	is Detention Standard prevents harm to the general publication of trained, and operated and that detainees are supervision of trained and experienced staff.  Standard NA: Check this box if all ICE Transportatic control of the detainee case.	e transp	oorted in a	secure	e, safe and humane manner, under
	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.	$\boxtimes$			Transport officers are trained to comply with all motor vehicle laws and regulations. Failure to comply can be cause for termination. Supporting documentation is maintained, as required.
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.				A review of several officers' files found all had a photocopy of a current CDL.
3.	Supervisors maintain records for each vehicle operated.	$\boxtimes$			
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.				The transportation department keeps detailed vehicle files which indicate every vehicle is inspected at least annually.
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.				Transportation offices are required to complete a detailed inspection and transportation form prior to beginning a transport. Any problems or vehicle deficiencies must be corrected prior to the vehicle being released for transport.
6.	Officers use a checklist during every vehicle				Transportation offices are required

3.	operated.	$\boxtimes$		
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	$\boxtimes$		The transportation department keeps detailed vehicle files which indicate every vehicle is inspected at least annually.
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	$\boxtimes$		Transportation offices are required to complete a detailed inspection and transportation form prior to beginning a transport. Any problems or vehicle deficiencies must be corrected prior to the vehicle being released for transport.
6.	<ul> <li>Officers use a checklist during every vehicle inspection.</li> <li>Officers report deficiencies affecting operability.</li> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>	$\boxtimes$		Transportation offices are required to complete a detailed inspection and transportation form prior to and upon returning from a detainee transport. Any problems or vehicle deficiencies must be corrected prior to the vehicle being released for transport.
7.	<ul> <li>Transporting officers:</li> <li>Limit driving time to 10 hours in any 15 hour period when transporting detainees.</li> <li>Drive only after eight consecutive off-duty hours.</li> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.</li> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.</li> <li>During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area–exceeding the 10-hour limit.</li> </ul>			Transportation officers are limited to driving ten hours per driving segment, and then must take an eight hours break. According to staff, most detainee transportation runs are less than three hours. The facility complies with all remaining requirements of this component.

	PART 1 – 3. TRANSPO	DRTAT	ION (BY L	AND)	
eq	is Detention Standard prevents harm to the general publi uipped, maintained, and operated and that detainees are e supervision of trained and experienced staff.				
□ in	Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8.	(b)(7)eofficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.				
	<ul> <li>When buses travel in tandem with detainees, there are b)(7) equalified officers per vehicle.</li> <li>An unaccompanied driver transports an empty</li> </ul>				
	vehicle.				
9.	The transporting officer inspects the vehicle before the start of each detail.	$\boxtimes$			
10	. Positive identification of all detainees being transported is confirmed.				Transportation officers insure photo identification matches the detainees for which they have orders to transport.
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	(b)(7)e	$\boxtimes$			(b)(7)e
•	. 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	<ul> <li>Officers ensure that no one contacts the detainees.</li> <li>(b)(7)e officer remains in the vehicle at all times when detainees are present.</li> </ul>	$\boxtimes$			
17	<ul> <li>Meals are provided during long distance transfers.</li> <li>The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.</li> </ul>	$\boxtimes$			Meals provided by the food service department are approved by facility dieticians.

PART 1 – 3. TRANSPO	JKIAI	ION (BY L	AND)	
This Detention Standard prevents harm to the general public equipped, maintained, and operated and that detainees are the supervision of trained and experienced staff.				
☐ Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative.</li> <li>Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.</li> </ul>	$\boxtimes$			
19. Vehicles have:  (b)(6), (b)(7)c	$\boxtimes$			(b)(7)e
20. The vehicles are clean and sanitary at all times.	$\boxtimes$			Several vehicles were inspected and all were clean and sanitary. The facility requires each vehicle to be cleaned after each transport and washed each week.
<ul> <li>21. Personal property of a detainee transferring to another facility:</li> <li>Is inventoried.</li> <li>Is inspected.</li> <li>Accompanies the detainee.</li> </ul>	$\boxtimes$			

PART 1 – 3. TRANSPO	ORTAT	ION (BY L	.AND)	
This Detention Standard prevents harm to the general publ equipped, maintained, and operated and that detainees are the supervision of trained and experienced staff.	e transp	oorted in a	secur	e, safe and humane manner, under
Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is h	andled on	ly by t	he ICE Field Office or Sub-Office
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22. The following contingencies are included in the written procedures for vehicle crews:				
Attack				
Escape				
Hostage-taking				
Detainee sickness				Each of the bulleted components is
Detainee death				covered in facility policy FDC 3.1.24, Detainee Transportation
Vehicle fire				Requirements. Transportation
Riot				officers receive training on all of
Traffic accident				these topics.
Mechanical problems				
Natural disasters				
Severe weather				
Passenger list is not exclusively men or women or				
minors		1011 (5)(1	AND	
PART 1 – 3. TRANSPO	ORTAI	ION (BY L	.AND)	
⊠ Meets Standard ☐ Does Not Meet St	andard	I 🗌 N/A	\	☐Repeat Finding
Remarks: (Record significant facts, observations, other social interviews conducted with transportation supervisors and transposand their responsibilities. The facility has (b)(7)e All inspected vehicles were transportation officer's files noted photocopies of current CDL's attransportation vehicles contained necessary security and maintenation (b)(6), (b)(7)c March 24, 2011	rtation of clean ar and com	officers four (I and appeared apleted train	b)(7)e to be i	n good working order. A review of
Reviewer's Signature / Date				

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## 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.

	ieny operations when detainees are admitted to or relea		in a raome	, -	
	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.	$\boxtimes$			The facility shows an orientation video during intake and each morning in the housing units which addresses the requirements of this component. Each detainee is also given a handbook during intake, which is available in English and Spanish.
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.	$\boxtimes$			All medical screenings are completed during intake and are performed by medical staff.
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	$\boxtimes$			All arriving detainees are segregated from the general population until classified.
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.	$\boxtimes$			All new arriving detainees are searched in accordance with policy 3.1.18, Searches. The search is conducted by a contract officer of the same sex in an area that affords privacy.
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	$\boxtimes$			Facility policy 3.1.18, Searches, explains when to conduct a strip search. The facility practice is not to strip search detainees. No strip searches have been completed within the last 12 months.
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	$\boxtimes$			The facility policy 3.1.17, Contraband, explains the procedure for processing contraband. All detainee property is inventoried and documented with a copy of the property receipt given to the detainee. All funds and valuables are verified by (b)(7) officers and placed in a secure area for processing.

PART 2 – 4. ADMIS	SION AI	ND RELEA	ASE	
This Detention Standard protects the community, detained orderly operations when detainees are admitted to or rele				contractors by ensuring secure and
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
7. Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	$\boxtimes$			According to the facility policy 4.1.1, Admission and Release, all lost or missing property is to be documented on the I-387 form. There are no documented cases of lost or missing property within the last 12 months.
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$			Upon arriving at the facility, detainees are issued appropriate clothing and bedding for the climatic conditions.
9. All releases are coordinated with ICE.				
10. Staff complete paperwork/forms for release as required.	$\boxtimes$			
11. Each detainee receives a receipt for personal property secured by the facility.	$\boxtimes$			Detainees are given a receipt for all personal property secured by the facility.
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	$\boxtimes$			
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	$\boxtimes$			
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	$\boxtimes$			All orientation material and the detainee handbook are provided in English and Spanish.
PART 2 – 4. ADMIS	SION A	ND RELEA	ASE	
	andard	□ N/A	1	☐Repeat Finding

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

The facility has adequate procedures for processing detainees upon admission to the facility. All detainees are classified, medically screened, issued property, and given an orientation in accordance with this standard. A review of intake logs and classification records support compliance with the in-house policy for the detainee admission process.

The admission and release process is completed at the Fox Facility, which is connected to the Florence Detention Center (FDC). Once the detainee has been classified, he is then assigned to a housing unit at the FDC.

(b)(6), (b)(7)c March 24, 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.				The facility uses the required objective classification system. Facility policy 4.2.2, Classification Procedures, addresses this requirement.
2.	<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival.</li> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> <li>The first-line supervisor or designated classification specialist reviews every classification decision.</li> </ul>	$\boxtimes$			The classification system does include classifying detainees upon arrival. Individuals who cannot be classified upon arrival are separated from the general population. The SIEA reviews every classification decision.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	$\boxtimes$			
4.	Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	$\boxtimes$			
5.	Housing assignments are based on classification-level.	$\boxtimes$			The facility housing assignments are based on the classification level. The facility only houses level 1 and 2 detainees.
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	$\boxtimes$			All detainees are given the same recreation opportunities. Level 1 and 2 detainees recreate 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.	$\boxtimes$			Facility policy 4.2.2, Classification Procedures, explains the reassessment/reclassification process in accordance with the requirements of this component.
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	$\boxtimes$			Facility policy 4.2.2, Classification Procedures, explains the detainee appeal process.
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	$\boxtimes$			

This Detention Standard protects the detainees, staff, co- contributes to orderly facility operations, by requiring a for detainees that is based on verifiable and documented data	ormal c			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.</li> </ol>	$\boxtimes$			
<ol> <li>The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.</li> </ol>	$\boxtimes$			
<ol> <li>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.</li> </ol>	$\boxtimes$			The facility has assigned color- coded uniforms and wristbands for all detainees. Level 1 detainees wear blue wristbands and uniforms, while level 2 detainees wear orange wristbands and uniforms.
PART 2 – 5. CLASS	IFICAT	ION SYST	EM	
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding

PART 2 - 5. CLASSIFICATION SYSTEM

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

All detainees arriving at this facility are either classified or the initial classification is reviewed prior to being assigned to a housing unit. The levels of classification are in accordance with this standard. The classification process is completed at the Fox Facility which is adjacent to the Florence Detention Center (FDC) prior to detainees being housed at the FDC. The facility currently only houses level 1 and 2 detainees.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

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This	Detention	Standard	protects	detainees	and	staff	and	enhances	facility	security	and	good	order	by	identifying
dete	cting, contr	rolling, and	properly	disposing	of co	ontral	band	l.	_			_		-	

detecting, 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.	$\boxtimes$			Facility policy 3.1.17 Contraband Control, addresses procedures for handling contraband consistent with the requirements of this component.			
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	$\boxtimes$						
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	$\boxtimes$						
4.	Altered property is destroyed following documentation and using established procedures.	$\boxtimes$			In an interview with the contraband control officer, the procedures for destroying contraband were explained.			
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	$\boxtimes$						
6.	Staff follow written procedures when destroying hard contraband that is illegal.	$\boxtimes$			The contraband officer was aware of the proper procedures for destroying hard contraband that is illegal.			
7.	<ul> <li>Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes.</li> <li>If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.</li> <li>Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property.</li> </ul>	$\boxtimes$						
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	$\boxtimes$			Contraband rules and procedures are included in the detainee handbook. Detainees are notified when property is seized as contraband.			
9.	Facilities with Canine Units only use them for contraband detection.			$\boxtimes$	The facility does not use canine units for any purpose.			
PART 2 – 6. CONTRABAND								

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

Most detainee contraband is seized during the intake process, and handled in accordance with components outlined in this standard. Contraband logs were reviewed and detailed what items had been seized, stored, mailed out, and destroyed. The facility does not use canine units for any purpose.

(b)(6), (b)(7)c March 24, 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.	$\boxtimes$			A review of log books indicated facility the administrator and assistant administrators visited detainee living quarters and activity areas weekly.
2.	At least one male and one female staff are on duty where both males and females are housed.	$\boxtimes$			The facility does not house female detainees. However, in some situations a female might be held for a few hours. If this does occur, a female staff member is assigned to observe/supervise the detainee. Females would only be held at the Fox Facility.
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	$\boxtimes$			Facility security staffing is mandated by contract and reviewed and monitored on a weekly basis.
4.	Essential posts and positions are filled with qualified personnel.	$\boxtimes$			
5.	Every Control Center officer receives specialized training.	$\boxtimes$			Specialized control center training is documented in the officers' training file.
6.	Policy restricts staff access to the Control Center.	$\boxtimes$			
7.	Detainees do not have access to the Control Center.	$\boxtimes$			
8.	Communications are centralized in the Control Center.	$\boxtimes$			Facility communications are centralized (b)(7)e (b)(7)e
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	$\boxtimes$			Facility security, access, and safety are monitored in a secure master control center that is continuously staffed
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	$\boxtimes$			
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	$\boxtimes$			
12.	Staff make watch calls every (b)(7)e between 6 PM and 6 AM.	$\boxtimes$			
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	$\boxtimes$			A review of post logs and shift reports detailed information regarding facility procedures, emergency situations, and incidents.

## 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.

		rd ot	Pro			
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			Observations of the front entrance officer found ID checks of everyone entering and exiting the facility occurred.		
15. All visits officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			All visitors are required to sign in and out in a logbook.		
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.	$\boxtimes$			Officers were observed searching vehicles 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.	$\boxtimes$					
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.				The facility perimeter appeared to be secure (b)(7)e		
23. Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$					
24. Housing area searches occur at irregular times.	$\boxtimes$					
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.	$\boxtimes$			Each detainee housing unit has officer posts located inside the living area. Officers were observed interacting and communicating with detainees.		
26. There are post orders for every security officer post.	$\boxtimes$					

## PART 2 - 7. FACILITY SECURITY AND CONTROL

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

that facility security is maintained and that events that pose a risk of harm are prevented.							
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
27. Detainee movement from one area to another area is controlled by staff.	$\boxtimes$			All detainee movement is handled by security officer escort.			
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	$\boxtimes$			Detainee living areas are designed to facilitate continuous staff observation.			
29. Every search of the SMU and other housing units is documented.	$\boxtimes$			A review of housing unit and SMU log books detailed search times, dates, and any deficiencies discovered.			
30. The SMU entrance has a sallyport.	$\boxtimes$						
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	$\boxtimes$			SMU post orders require officers to inspect and inventory all tools entering and exiting the unit.			
<ul> <li>32. The facility has a comprehensive security inspection policy. The policy specifies:</li> <li>Posts to be inspected</li> <li>Required inspection forms</li> <li>Frequency of inspections</li> <li>Guidelines for checking security features</li> <li>Procedures for reporting weak spots, inconsistencies, and other areas needing improvement</li> </ul>				Facility policy 3.1.16, Facility Security and Control/Inspections, details all bulleted components listed.			
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.							
34. Documentation of security inspections is kept on file.	$\boxtimes$			The facility maintains a file of all security inspections.			
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	$\boxtimes$			The facility Chief of Security is responsible for insuring proper corrective action is taken on all reported deficiencies.			
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.	$\boxtimes$			All areas of the facility are searched on a frequent and irregular basis. All searches are documented.			
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	$\boxtimes$						
<ul> <li>39. Daily procedures include:</li> <li>Perimeter alarm system tests.</li> <li>Physical checks of the perimeter fence.</li> <li>Documenting the results.</li> </ul>	$\boxtimes$						

PART 2 – 7. FACILITY SECURITY AND CONTROL							
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.							
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks			
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 facility Chief of Security is responsible for ensuring all areas of the facility are inspected in accordance with policy.			
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.							
FACILITY SECURITY AND CONTROL							
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding							

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

The facility has a well developed search and security control policy which is monitored and enforced by administrative staff. The policy requires every area of the facility to be inspected and documented. Deficiencies are corrected in a timely manner. Vehicle and visitor traffic is monitored and recorded. Vehicle searches are documented by security staff. The facility employs both male and female security staff. The facility does not permanently house female or juvenile detainees.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date

	PART 2 - 8. FUNDS AND	PERS	ONAL PRO	OPER'	ΤΥ
inclu facil	Detention Standard ensures that detainees' personal uding funds, valuables, baggage and other personnel pity.  Standard NA: (IGSA ONLY) Check this box if all IC	property	, and that	contra	aband does not enter a detention
	dled only by the ICE Field Office or Sub-Office in c				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	$\boxtimes$			Detainee funds and valuables were observed to be properly stored and separated at the facility. They were accessible only to supervisors and assigned personnel.
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				
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.	$\boxtimes$			This process was observed during the inspection.
	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.	$\boxtimes$			
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?			$\boxtimes$	This facility is an SPC.
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	$\boxtimes$			This process was observed during the inspection.
7.	Staff forward an arriving detainee's medicine to the medical staff.	$\boxtimes$			Medication of arriving detainees is immediately given to medical staff. Medical staff, in most cases, takes possession of a detainee's medication during the initial screening which is initiated when the detainee arrives.
8.	Staff search arriving detainees and their personal property for contraband.	$\boxtimes$			
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	$\boxtimes$			Any discrepancies are immediately reported to supervisory staff.
	Staff follow written procedures when returning property to detainees.	$\boxtimes$			Facility policy addresses the process to be followed when returning property to detainees.
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.			$\boxtimes$	This facility is an SPC.

PART 2 - 8. FUNDS AND PERSONAL PROPERTY
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically
including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention
facility.

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

IIGI	died only by the ICE Field Office or Sub-Office in C		or the det	anice	case.
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
12.	<ul> <li>The facility attempts to notify an out-processed detainee that he/she left property in the facility.</li> <li>By sending written notice to the detainee's last known address; via certified mail;</li> <li>The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>	$\boxtimes$			Facility policy addresses the process to be followed when a detainee has left property at the facility. The process calls for a notice to be sent to the detainee which states the property will be considered abandoned if not claimed within thirty days of the notice.
	Staff obtain a forwarding address from each detainee.	$\boxtimes$			During in-processing, staff obtains the forwarding address of each detainee.
14.	It is standard procedure for $(b)(7)e$ fficers to be present when removing/documenting the removal of funds from a detainee's possession.	$\boxtimes$			(b)(7)e officers are present during the removal of funds from a detainee's possession.
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	$\boxtimes$			
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	$\boxtimes$			The logbook is maintained with the required information and was reviewed during the inspection.
18.	Staff tags large valuables with both a G-589 and an I-77.	$\boxtimes$			This process was observed during the inspection.
19.	The supervisor verifies the accuracy of every G-589.	$\boxtimes$			This process was observed during the inspection.
	<ul> <li>The supervisor ensures that:</li> <li>Detainee funds are, without exception, deposited into the cash box;</li> <li>Every property envelope is sealed.</li> <li>All sealed property envelopes are placed in the safe.</li> <li>Large, valuable property is kept in the secured locked area.</li> </ul>	$\boxtimes$			This process was observed during the inspection.
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	$\boxtimes$			Containers were observed with I-77 tags in place in the detainee property storage area.
22.	Staff secure every container used to store property with a tamper-proof numbered strap.				

PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.							
Standard NA: (IGSA ONLY) Check this box if all IC handled only by the ICE Field Office or Sub-Office in the ICE Field Office or Sub-Office or Sub-Office in the ICE Field Office or Sub-Office o							
Components	Remarks						
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	$\boxtimes$			The detainee property logbook was reviewed during the inspection and contained the required information.			
24. In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	$\boxtimes$						
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.	$\boxtimes$						
26. The facility positively identifies every detainee being released or transferred.	$\boxtimes$						
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	$\boxtimes$			Facility policy requires the immediate notification of a supervisor regarding lost/damaged property claims.			
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.	$\boxtimes$						
PART 2 - 8. FUNDS AND	PERS	ONAL PRO	OPER	ГҮ			

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

This inspector observed the in-processing of detainees at the facility to include the inventory of the detainee's personal items and clothing. Staff was interviewed in the intake area as well as the detainee property storage area. All items are inventoried and accounted for as required by the standard. Valuables are inventoried in the presence of the detainee by b)(7) officers then deposited in a safe. Contents of the safe are removed twice daily with an inventory being conducted upon each removal. The completed inventory is documented in the property log. Detainee property is stored in plastic containers which are secured with numbered tie-straps. Container numbers and tie-strap numbers are logged and maintained in the property storage area. Upon release or transfer, the detainee is properly identified before property or valuables are returned.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date

## 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.

Tarater processing	g. The maximum aggregate time an mun	14441111	iay bo oom		
	Meets Standard	Does Not Meet Standard	N/A	Remarks	
The hold roosecure perimental	om is situated in a location within the leter.	$\boxtimes$			All of the facility hold rooms are located inside the secure perimeter.
	ooms are clean, in good repair, well ell lit, and all activating switches located oom.				
	oms contain sufficient seating for the etainees held.	$\boxtimes$			Facility hold rooms have sufficient seating for all detainees being processed on any given day.
	ots/beds or other related make shift aratuses are permitted inside hold rooms.	$\boxtimes$			No sleeping apparatuses were observed inside or around the hold rooms.
5. Hold room w resistant.	alls and ceilings are escape and tamper	$\boxtimes$			The hold rooms were secure with tamper resistant walls, ceilings and steel doors.
6. Detainees ar hours.	e not held in hold rooms for more than 12	$\boxtimes$			Detainees are processed out of hold rooms and into a housing unit in a few hours which never exceeds 12 hours.
7. Male and fe each other at	males detainees are segregated from tall times.			$\boxtimes$	The facility does not house females but on occasion does hold female detainees for a short time. They are placed in hold rooms and are segregated from male detainees.
items such as	re provided with basic personal hygiene s water, soap, toilet paper, cups for water, iene items, diapers and wipes.	$\boxtimes$			
officer is post	om is not equipped with toilet facilities, an ted within visual or audible range to allow cess to such on a regular basis.	$\boxtimes$			Detainees have access to toilet facilities.
	s are given a pat down search for contraband before being placed in the	$\boxtimes$			
room is insperent of the community of th	e of tampering with doors, locks, , grills, plumbing or electrical fixtures is to the shift supervisor for corrective	$\boxtimes$			Hold rooms receive regular cleaning, maintenance, and security inspections. Any corrective action needed is initiated.
There is a confrom the hole	RY) There is a written evacuation plan. designated officer to remove detainees d rooms in case of fire and/or building or other emergency.				The evacuation route is posted on the wall, and an officer is assigned to ensure all detainees are evacuated in case of emergency.

## 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.

Turner processing. The maximum	aggregate time an mark	lauai III	ay be com	incu ii	Ta facility's Hold Room is 12 hours.
Component	s	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>An appropriate emergency immediately upon a determine emergency exists.</li> </ol>		$\boxtimes$			
14. Single occupant hold rooms consquare feet (7 unencumbered detainee, 5 square feet lavatory/toilet fixture, and 2 wheelchair turn-around area).	d square feet for the for a combination 5 square feet for a	$\boxtimes$			
<ul> <li>If multiple-occupant hold re is an additional 7 unencum each additional detainee.</li> </ul>					
<ul> <li>15. In SPCs designed after 1998 to equipped with stainless steel or lavatory/toilet fixtures with moderare:</li> <li>Compliant with the Americal Small hold rooms (1 to 14 least one combi-unit.</li> <li>Large hold rooms (15 to 44 provided with at least two ores.)</li> </ul>	ombination lesty panels. They an Disabilities Act. detainees) have at			$\boxtimes$	The facility hold rooms were designed and built in 1961.
16. <u>In SPCs designed after 1998</u> t floor drain(s).	he hold rooms have			$\boxtimes$	The facility hold rooms were designed and built in 1961.
17. In SPCs designed after 1998 room swings outward and the specifications outlined in the state.	door complies with the			$\boxtimes$	The facility hold rooms were designed and built in 1961.
18. Family units, persons of adv females with children, and un detainees (under the age of 18 rooms.	accompanied juvenile	$\boxtimes$			The facility does not place older detainees in hold rooms. The facility does not house females or juveniles. On occasion, females and juveniles might be held for a short time in the hold rooms and are segregated from male detainees.
19. Minors (under 18) are confin except for immediate relatives		$\boxtimes$			The facility does not house minors or juveniles. However, they may be held for short periods of time in a hold room.
<ul> <li>20. Each detention facility main (manually or by computer) for ea hold cell.</li> <li>The log includes the requires specified in the standard.</li> </ul>	ach detainee placed in	$\boxtimes$			

DART 2 -	9 HOLD	DOOMS IN	I DETENTION	N FACILITIES
FARIZ-	9. NULL	, roung ii		N 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	y be confined in a facility's Hold Room is 12 hours.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
<ul> <li>21. Officers provide a meal to any detainee detained in a hold room for more than six hours.</li> <li>Juveniles, babies and pregnant women have access to snacks, milk or juice.</li> <li>Meal are served to juveniles regardless of time in custody</li> </ul>	$\boxtimes$			Detainees receive a meal if they are held in hold rooms longer than six hours. If the facility holds juveniles, babies, or female detainees for a few hours, they are provided food, milk, juice, and snacks.				
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	$\boxtimes$							
23. The maximum occupancy for the hold room will be posted.	$\boxtimes$			The maximum occupancy for hold rooms is 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.	$\boxtimes$			This facility is smoke-free.				
26. Officers closely supervise hold rooms through direct supervision, to ensure:  ■ Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and  ■ Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments."  ■ Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.								
PART 2 – 9. HOLD ROOMS	IN DET	ENTION I	FACIL	ITIES				

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

The hold rooms are located within the secure perimeter of the facility. At the time of the inspection, the hold rooms were clean, secure, and under direct observation by staff. The hold rooms were designed and built before 1998 (i.e. 1961). Therefore, the requirement to have floor drains, door swings and in-room toilet facilities is not required.

The facility does not house females, children, or juveniles. However, they might be held for a few hours prior to a transport bus arriving. Females, children, and juveniles are placed in separate rooms and are segregated from male detainee.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date

# PART 2 - 10. KEY AND LOCK CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	$\boxtimes$			The facility Key Control Officer has attended several locksmith training programs. All certificates are on file and were reviewed.
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 facility Key Control Officer provides training for all employees regarding lock and key control.
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			The Key Control Officer maintains a master inventory of all keys, locks and locking devices.
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			Preventive maintenance for locks occurs quarterly through the whole facility and monthly in the housing units.
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.	$\boxtimes$			(b)(7)e
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$			
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	$\boxtimes$			
10.	The facility does not use grand master keying systems.	$\boxtimes$			The facility does not have a grand master keying system.
11.	All worn or discarded keys and locks cut up and properly disposed of.				
12.	Padlocks and/or chains are not used on cell doors.	$\boxtimes$			No padlocks or chains were observed being used in detainee housing areas during the inspection.
13.	The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to				
	<ul> <li>Occupational Safety and Environmental Health Manual, Chapter 3</li> </ul>				
	<ul> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>				
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	$\boxtimes$			The facility uses the (b)(7)e to distribute keys to staff.

# 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	Y/N	Remarks			
15.	<ul> <li>Procedures in place to ensure that key rings are:</li> <li>Identifiable</li> <li>Numbers of keys on the ring are cited?</li> <li>Keys cannot be removed from issued key rings</li> </ul>	$\boxtimes$			A review of several staff key rings found they were all identified; the number of keys was stamped on a chit; and keys could not be removed from the key ring.			
16.	Emergency keys are available for all areas of the facility.							
17.	The facility uses a key accountability system.	$\boxtimes$						
18.	Authorization is necessary to issue any restricted key.	$\boxtimes$			Facility supervisors have the authority to authorize restricted keys to be issued. Restricted keys are kept in the (b)(7)e			
19.	<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>	$\boxtimes$			All gun lockers are located in a secure location.			
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	$\boxtimes$			(b)(7)e nsures keys are accounted for daily.			
	<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>				Staff members are held accountable for their facility keys and are contacted if they leave the facility with keys. The keys must be immediately returned. Detainees are not permitted to handle keys.			
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	$\boxtimes$			The facility ensures locks and locking devices are inspected during daily security inspections.			
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	$\boxtimes$						
24.	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	$\boxtimes$			The Key Control Officer is authorized to add or remove keys with permission from the Facility Administrator.			
25.	The splitting of key rings into separate rings is not authorized.	$\boxtimes$						
	PART 2 – 10. KEY AND LOCK CONTROL							

	⊠ Meets	Standard	☐ Does Not Meet Stan	dard	□ N/A	☐Repeat Finding
The facility trained as a A review of	uses the locksmith and f key inventor	(b)(7)e d provides pr ry logs found	eventive lock maintenance mo no discrepancies, and entries	n key a onthly : were u	ccountability. in the housing p-to-date. Th	The Key and Lock Officer has been units and quarterly throughout the facility the Key Control Officer provides staff ty has a sound key control system, policy,
(b)(6), (b)(7)	arch 24,					

# PART 2 - 11. POPULATION COUNTS

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	$\boxtimes$			The facility conducts counts at 0000, 0330, 0800, 1600, 2000 and a face to photo count at 2230.			
2.	Activities cease or are strictly controlled while a formal count is being conducted.	$\boxtimes$			The facility strictly controls activities and movement during all counts.			
3.	There is a system for counting each detainee, including those who are outside the housing unit.	$\boxtimes$						
4.	Formal counts in all units take place simultaneously.	$\boxtimes$						
5.	Officers do not allow detainee participation in the count.	$\boxtimes$						
6.	A face-to-photo count follows each unsuccessful recount.				Policy requires a face-to-photo count follow each unsuccessful count. This was confirmed per staff interview and policy review.			
7.	Officers positively identify each detainee before counting him/her as present.	$\boxtimes$			Officers are instructed to observe flesh and movement before counting a detainee present. The facility conducts a face-to-photo count at 2230. Housing unit staff indicated due to the size of the population on the unit which tends to be 50 or less, they become familiar and readily are able to identify detainees by sight.			
8.	Written procedures cover informal and emergency counts.	$\boxtimes$						
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	$\boxtimes$			The facility out-count is maintained in central control.			
10.	Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	$\boxtimes$			All facility security staff is trained in count procedures and receives yearly training regarding count procedures.			
	PART 2 – 11. POPU	JLATIC	N COUNT	S				

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

The 0400 count on Tuesday, March 22, 2011, was observed. The count cleared in 17 minutes reflecting 374 detainees. Of this number, 372 detainees were at the facility and two detainees were identified on an "out count" who were temporarily out of facility. The facility count policy is detailed, and all security staff appeared to be knowledgeable and trained in proper count procedures.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

## 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.	$\boxtimes$			Post orders for all fixed posts were reviewed.
2.	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	$\boxtimes$			Each set of post orders is divided into a six-part folder.
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	$\boxtimes$			Post order books have a section for emergency memoranda.
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	$\boxtimes$			The facility Supervisory Detention and Deportation Officer (SDDO) is responsible for ensuring post orders remain current between reviews.
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	$\boxtimes$			
6.	The facility administrator authorizes all Post Order changes.	$\boxtimes$			
7.	The facility administrator has signed and dated the last page of every section.	$\boxtimes$			The facility administrator had signed and dated the last page of each post order section.
8.	A Post Orders master file is available to all staff.	$\boxtimes$			Staff has access to all post orders.
9.	Procedures keep Post Orders and logbooks secure from detainees at all times.	$\boxtimes$			Post orders are kept in a secure location away from detainee access.
10.	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.	$\boxtimes$			
	In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	$\boxtimes$			Security officer's sign and date they have reviewed and understand their post orders each day at their assigned post.
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	$\boxtimes$			All armed post officers are weapons-qualified. (b)(7)e
14.	Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:  Any staff member who is taken hostage is considered to be under duress, and  Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	$\boxtimes$			
15.	Post Orders for armed posts provide instructions for escape attempts.		$\boxtimes$		The facility post order for the (b)(7)e officer did not contain information or instruction for dealing with escape attempts.

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		
16. The Post Orders for housing units track the daily event schedule.	$\boxtimes$					
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	$\boxtimes$			Housing unit officers maintain a log of significant detainee activity.		
DARTO 40 I	OCT C	DDEDC				
PART 2 – 12. F	2081 0	IKDEKS				
	andard	□ N/A	1	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)  Post orders for all facility posts were reviewed. They are divided into six-part sections with a section for emergency memoranda and revisions. The facility administrator initials each post order page and signs and dates the last page. Security staff has access to facility post orders via computers and are encouraged to check for emergency memoranda and updates.  At the time of the inspection, the facility post order for the (b)(7)e did not contain information or instructions for dealing with escape attempts. This was corrected prior to the completion of the inspection.						
(b)(7)e / March 24, 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.

30.	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.	$\boxtimes$			Facility policy 3.1.18, Searches, explains the procedures governing searches of housing areas, work areas, and of detainees.
2.	Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	$\boxtimes$			Facility policy 3.1.18, Searches, explains the procedures for staff to use when conducting body searches. Use of the least intrusive search method practical is required.
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.	$\boxtimes$			Facility policy 3.1.18, Searches, explains the procedures for searching to avoid unnecessary force and preserving dignity.
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	$\boxtimes$			Facility policy 3.1.18, Searches, explains the procedures requiring staff to leave a searched housing area, work area, and detainee property in its original order, to the extent practical.
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	$\boxtimes$			Detainees are pat searched and screened by metal detectors on a routine basis throughout the facility.
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.	$\boxtimes$			Facility policy 3.1.18, Searches, explains the procedures for strip searches. The facility practice is not to strip search detainees unless absolutely required. There have been no documented detainee strip searches at this facility within the last 12 months.
7.	Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	$\boxtimes$			Facility policy 3.1.18, Searches, explains the procedures for body cavity searches. The facility practice is not to conduct body cavity searches unless absolutely required. The facility has not conducted a detainee body cavity search within the last 12 months.
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	$\boxtimes$			The facility has the capability to create a dry cell, if necessary.  However, current practice is to transfer detainees needing to be placed in a dry cell to an IGSA facility that is located 1/2 mile from the facility.

PART 2 – 13. SEARCHES OF DETAINEES					
This Detention Standard protects detainees and staff and controlling, and properly disposing of contraband.	d enha	nces facili	ty sec	urity and good order by detecting,	
Components		Does Not Meet Standard	V/N	Remarks	
<ol> <li>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.</li> </ol>	$\boxtimes$				
10. Canines are not used in the presence of detainees				Canines are not used at this facility.	
PART 2 – 13. SEARCHES OF DETAINEES					

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

The facility does search detainees, housing areas, and work areas in accordance with this standard.

The facility search policy includes procedures for staff to use the least intrusive methods, avoid unnecessary force, and document all contraband discovered. All contraband confiscated during the searches is processed in accordance with the Contraband standard.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date

# 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.

	assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	$\boxtimes$			Written facility policy has been developed and implemented to provide compliance with this component.		
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	$\boxtimes$			The written policy and procedure was dated and signed by the Field Office Director on April 16, 2010.		
3.	Tracking statistics and reports are readily available for review by the inspectors.	$\boxtimes$			The facility has developed a record keeping system. However, since there have been no reported assaults at this facility, detailed reports do not exist.		
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	$\boxtimes$					
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	$\boxtimes$			A review of the facility orientation program and detainee handbook indicated compliance with this component.		
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	$\boxtimes$			A tour of three living units indicated the notice was posted in all three units.		
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	$\boxtimes$					
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	$\boxtimes$					
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	$\boxtimes$			There is a system in place for reporting. However, there have been no reported incidents of detainee-on-detainee sexual abuse or assaults in the past year.		
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	$\boxtimes$			There is a system in place for reporting. However, there have been no reported incidents of staff-on-detainee sexual abuse or assaults in the past year.		
11.	There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	$\boxtimes$			Established written facility policy and procedures provide for compliance with this component. However, there have been no reported incidents in the past year.		

and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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.				In the event there would be an alleged sexual assault, written facility policy details the steps to be taken.		
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	$\boxtimes$			The written policy addresses the notification process. There have been no reported incidents of sexual assault.		
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	$\boxtimes$			The facility's policy addresses the referrals that are to occur if abuse or assault occur. There have been no reported incidents of sexual assault to refer.		
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.						
SEXUAL ABUSE AND ASSAULT F	REVEN	ITION AN	D INTI	ERVENTION		
Meets Standard						

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

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

A review of policy and procedure, the detainee handbook, the Sexual Assault Awareness Information Brochure, training curriculum and ten randomly selected training files occurred. Additionally, interviews with facility administration and a tour of three housing units indicated that, at the time of the inspection, the facility complies with the PBNDS.

Facility administration reported there have been no reported incidents of sexual abuse or assault during the past 12 months.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Written policy and procedures are in place for special management units.	$\boxtimes$			Facility policy, 3.4.2 Administrative Segregation, details proper procedures for operating SMU Administrative Segregation.
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.				Detainees are placed in disciplinary segregation only after being found guilty of a major rule violation.
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.				Medical staff is notified immediately when a detainee is admitted to the SMU. Medical staff are required to review the detainee file to ensure proper health care protocols are followed.
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.	$\boxtimes$			Facility policy addresses the requirements of this component.
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	$\boxtimes$			
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	$\boxtimes$			The facility SMU was well ventilated, had good lighting, and was clean and in good working order at the time of the inspection.
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.	$\boxtimes$			A review of SMU log books found all to be current with information regarding detainee admissions and releases. Another log book listed everyone's name who visits the unit.

degregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	W/N	Remarks		
<ol> <li>A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</li> <li>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.</li> </ol>				A review of SMU log books noted they recorded detainee activities and services received. There is also a record made which lists the detainee name, A-number, housing location, date admitted, reasons for admission, tentative release date from disciplinary segregation, authorizing official and date of release.		
<ul> <li>10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record:</li> <li>The time and date of the visit, and</li> <li>Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</li> </ul>	$\boxtimes$					
<ul> <li>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:</li> <li>In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.</li> <li>In CDFs and IGSA facilities form I-888 or a comparable form is used.</li> <li>In SPCs and CDFs:</li> <li>By the end of each shift, the special housing unit officer records: <ul> <li>Whether the detainee ate, showered, exercised, and took any medication, and</li> <li>Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc.</li> <li>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.</li> </ul> </li> </ul>				All detainees placed in the SMU must have a housing unit order signed by the Facility Administrator. Individual records are kept on each detainee regarding all services received, medical visits, any unusual behavior or requests made by a detainee. Medical staff is required to sign a detainee's record indicating services received. The medical form is also signed by the SMU security officer.		
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.						

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
		\ \delta \ \delta \		
13. There are written policy and procedures concerr the property detainees may retain in each type segregation.				Facility policy lists the amount and type of property detainees may have while on SMU status.
<ul> <li>14. There are written policy and procedures concern privileges detainees may have in each type segregation.</li> <li>(In Administrative Segregation, detainees gener receive the same general privileges as detainee the general population, as is consistent with availar resources and safety and security considerations</li> </ul>	rally Sin able			Facility policy details privileges detainees receive while housed on the SMU. Privileges are granted in accordance with the detainee's status, available resources, and security considerations.
15. Detainees in Administrative Segregation are provi opportunities to spend time outside their cells (cand above the required recreation periods), for sactivities as socializing, watching TV, and play board games and may be assigned to work deficient (for example, as orderlies in the SMU).	over uch ving			
16. Detainees in SMUs are personally observed at le every 30 minutes in an irregular schedule and moften when warranted for some cases (viol mentally disordered, bizarre behavior, suicidal).	ore 🖂			SMU security staff observes every detainee at least every 30 minutes and more often if their behavior warrants additional checks.
17. The shift supervisor sees each segregated detai daily, including weekends and holidays.	nee 🛛			The shift supervisor on every shift visits each detainee seven days a week and on holidays.
18. The facility administrator (or designee) visits e SMU daily.	ach			The daily visits of Administrative staff are recorded in the SMU visitors log book.
19. A health care provider visits every detainee in SMU at least three times a week, and detainees provided any medications prescribed for them.  In SPCs and CDFs, a nurse, doctor or appropriate health care professional visits the SM least once each workday and questions e detainee to identify any medical problems requests. Any action taken is documented i separate logbook, and the medical visit is recor on the detainee's SMU Housing Record (Form I-8	ther U at ach or n a ded			Medical staff visits each detainee three times a day, and each visit is documented. Medical services delivered to a detainee are recorded in the detainee's housing record.
<ol> <li>Detainees in SMUs are provided three nutrition adequate meals per day, ordinarily from the gen population menu.</li> </ol>				Detainees housed in the SMU receive the same meal which is served to the general population unless a special diet is required.

	Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	$\boxtimes$			Detainees are allowed to shower every day and receive the same laundry, hair care, barbering, clothing, and bed linen as general population.		
22.	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	$\boxtimes$			Any denied services, clothing, mattress, bedding must be approved by administrative and medical staff.		
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.	$\boxtimes$					
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.				Any denied or restricted visits must be approved by administrative staff, and the reasons are documented.		
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.	$\boxtimes$			All SMU detainee visits are scheduled at a time when the general population is not using the visitation room.		
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	$\boxtimes$					
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	$\boxtimes$					

Cogregation deciding detaileds segregate	Segregation section for detainees segregated for disciplinary reasons.						
Components		Meets Standard	Does Not Meet Standard	V/N	Remarks		
31. There are policy and procedures for a sit special security precautions for legal visit be implemented and for advising le providers and assistants prior to their vi	ation have to egal service	$\boxtimes$					
32. Detainees in SMUs are allowed visits by the clergy, upon request; unless it is c visit presents a risk to safety, securit operations.	letermined a	$\boxtimes$			A detainee in the SMU was observed receiving a visit from a minister. Staff stated that members of the clergy often visit the SMU.		
33. Detainees in SMUs have access to readi including religious materials. In SPCs at Recreation Specialist offers each debound, non-legal books on a rotating ba no detainee has more than two book religious material) at any one time.	nd CDFs, the stainee soft- sis, provided	$\boxtimes$			Detainees are allowed reading material in the SMU unless their behavior warrants its removal. Reasons for denying reading material are documented in the detainee file.		
34. Detainees in SMUs have access to legal accordance with the Detention Stand Libraries and Legal Material. De permitted to retain a reasonable amoun legal material in the SMU, provided it do a safety, security and/or sanitation haza Detainee requests for access to legal material personal property are accommodated possible and always within 24 hours of request.	ard on Law tainees are t of personal es not create ard. aterial in their as soon as	$\boxtimes$			The facility law library is located next to the SMU, and detainees are granted access within 24 hours upon request.		
	s compelling	$\boxtimes$					
<ol> <li>Policy and procedures provide for legal r brought to individuals in Disciplinary under certain circumstances.</li> </ol>		$\boxtimes$					
<ul> <li>37. Any denial of access to the law library is</li> <li>Supported by compelling security co</li> <li>For the shortest period required for s</li> <li>Fully documented in the SMU housin</li> <li>ICE/DRO is notified every time law lift is denied.</li> </ul>	ncerns, security, and ng logbook.	$\boxtimes$			Any denial to use law library material must be approved by the facility administrator. All requirements of this component are addressed.		
38. Recreation for detainees in the SMU is s the general population.	eparate from	$\boxtimes$			The SMU has three separate exercise areas which are separate from the general population.		

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	$\boxtimes$			All detainees in the SMU exercise individually.
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. 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.				Anytime a detainee is denied recreation, the facility administrator must be contacted and approve the denial.
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.	$\boxtimes$			All cases of detainees in the SMU are reviewed weekly. If any services or privileges have been denied, a review for reinstatement occurs.
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.	$\boxtimes$			All cases of detainees in the SMU are reviewed weekly. If any services or privileges have been denied, a review for reinstatement occurs. If detainees are denied recreation privileges for more than 15, days the facility contacts ICE/DRO.

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	$\boxtimes$			Detainees in the SMU have phones delivered to their cell door and can make calls several times a day.		
<ul> <li>45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)</li> </ul>	$\boxtimes$			A written order is received when a detainee is placed in SMU, and a copy of the order is given to the detainee within 24 hours. If exigent circumstances prevent a written order, then the SMU staff is notified via a phone call and a written order follows.		

000	Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks		
	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.				The facility complies with all review timelines and requirements of this component. Form I-885 is used, as required.		
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.	$\boxtimes$			The facility allows detainees in SMU to appeal continued placement as well as loss of privileges or property to the facility administrator.		
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.						

	regation section for detainees segregated for discipling				
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	$\boxtimes$			
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	$\boxtimes$			
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary	$\boxtimes$			
	Segregation for a violation associated with a single incident.				
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	$\boxtimes$			
54.	Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).				
	The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.	$\boxtimes$			
	When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.				

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary						
Segregation section for detainees segregated for disciplination of the components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.</li> <li>A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).</li> <li>At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.</li> <li>The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.</li> <li>All review documents are placed in the detainee's detention file.</li> </ul>				Cases of detainees placed in disciplinary segregation are reviewed every seven days. Detainees are advised of the reason for continued placement, that they have the right to appeal.		
PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	3		
Meets Standard						

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

The facility has a 14-cell housing unit designated for the SMU which houses administrative segregation, disciplinary segregation, and protective custody. At the time of the inspection, the SMU was clean, quiet, well supervised, and in good repair. The facility SMU complies with all documentation, notification, and appeal requirements listed in this standard. Facility administrative and medical staff makes regular visits to the SMU visiting detainees, reviewing their cases, and ensuring conditions of confinement are consistent with the PBNDS. A review of SMU log books, record sheets and visitor's logs found documentation to be consistent with facility policy and comply with the PBNDS requirements and standards.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

#### PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

1110	pector General.				
	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.	$\boxtimes$			ICE staff is currently assigned to work at the facility. Daily unannounced visits are conducted in all living areas. Also, weekly announced and unannounced visits occur. Detainee issues and concerns are addressed, as appropriate.
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.				SIEAs and DOs conduct weekly visits with all detainees.
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	$\boxtimes$			Daily visits are conducted routinely by ICE staff. Scheduled visits are posted in detainee housing areas.
4.	Visiting ICE staff observe and note current climate and conditions of confinement.	$\boxtimes$			
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	$\boxtimes$			Detainee request forms are located in all detainee living areas.
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	$\boxtimes$			
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	$\boxtimes$			The facility maintains a locked box in each housing unit.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	$\boxtimes$			Only ICE staff retrieves completed detainee request forms.
9.	ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	$\boxtimes$			
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.	$\boxtimes$			
11.	OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	$\boxtimes$			All of the facility housing and common areas have the OIG Hotline Informational Posters near the telephones.
12.	Daily telephone serviceability checks are documented in the housing unit logbook.	$\boxtimes$			The facility contractual security staff checks phones daily and documents the checks in the housing unit logbook. ICE staff also conduct telephone checks at least weekly.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION						
		☐ Does Not Meet Standard	□ N/A	☐Repeat Finding		
The facility document	ty has in house ICE staff that ed and include interviews wi	nobservations, other sources used make daily and weekly visits to all the each detainee. Interviews were collable issues or concerns are addressed	housing units a onducted with	and common areas. All visits are 25 detainees, and all stated that they talk		
(b)(6), (b)	March 24, 2011 r's Signature / Date					

#### PART 2-17. TOOL CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	<b>(MANDATORY)</b> There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The Maintenance Supervisor is responsible for developing tool control and accountability procedures as well as an inspection system.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	$\boxtimes$			The facility warehouse is located within the secure perimeter; but when tools are received, maintenance staff is notified and tools are picked up immediately. The maintenance employee places all tools in secure storage. Detainees do not have access to the warehouse or the maintenance building where tools are stored.
3.	<b>(MANDATORY)</b> The use of tools, keys, medical equipment, and culinary equipment is controlled.	$\boxtimes$			All facility tools, keys, medical equipment and culinary tools are controlled and inventoried daily.
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.	$\boxtimes$			
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.				Several tool inventories were reviewed. All were conspicuously posted on tool boxes, tool kits, tool storages cages, and tool boards.
7.	<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>	$\boxtimes$			The facility does quarterly and yearly tool audits. AMIS bar code labels are used on required tools.

## 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	V/N	Remarks
8.	The facility has a tool classification system. Tools are classified according to:  Restricted (dangerous/hazardous)  Non Restricted (non-hazardous).	$\boxtimes$			
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	$\boxtimes$			Facility department heads are responsible for implementing tool control procedures in their area.
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	$\boxtimes$			Facility tools are properly marked and readily identifiable.
	<ul> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Tools are stored on shadow boards in which the shadows resemble the tool.</li> <li>Shadow boards have a white background.</li> <li>Restricted tools are shadowed in red.</li> <li>Non-restricted tools are shadowed in black.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.</li> </ul>				Tool storage areas and systems were reviewed and all bulleted components listed were found to be in compliance.
12.	Tools removed from service have their shadows removed from shadow boards.	$\boxtimes$			
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	$\boxtimes$			Most tools are stored in large locked cages or on the wall of a locked room. Detainees are not allowed in the tool storage building or allowed to handle any facility tools.
14.	Sterile packs are stored under lock and key.	$\boxtimes$			
15.	Each facility has procedures for the issuance of tools to staff and detainees.	$\boxtimes$			Detainees are not allowed to use or issue any tools.
16.	<ul> <li>There are policies and procedures to address the issue of lost tools. The policy and procedures include:</li> <li>Verbal and written notification.</li> <li>Procedures for detainee access.</li> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>	$\boxtimes$			The facility uses a form to document lost or broken tools. Policy requires immediate notification to administrative staff regarding lost tools.
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	$\boxtimes$			

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		
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.						
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	$\boxtimes$					
PART 2-17. TO	OL CC	NTROL				
⊠ Meets Standard						

**PART 2-17. TOOL CONTROL** 

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

The facility has a secure tool control and storage system which is managed by the Maintenance Supervisor. Tools are coded and separated according to function and classification. Detainees are not allowed in the area where tools are stored nor are they issued facility tools. Department heads are responsible for tools stored in their area and are trained in tool control procedures.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

## PART 2 – 18. USE OF FORCE AND RESTRAINTS

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

pio	property damage, or to maintain the security and orderly operation or the facility.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	<b>(MANDATORY)</b> The facility has a Use of Force Policy.	$\boxtimes$			The facility has a well developed 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.	$\boxtimes$			Facility policy 3.1.8, Use of Force, allows staff to respond to an immediate use of force situation.			
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.	$\boxtimes$			Policy indicates calculated rather than immediate use of force is feasible in most cases.			
5.	The facility subscribes to the prescribed Confrontation Avoidance Procedures.  Ranking detention official, health professional, and others confer before every calculated use of force.							
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique.  • Under staff supervision.	$\boxtimes$						
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	$\boxtimes$			Staff members receive training in the use of force team technique.			
8.	All use-of-force incidents are documented and reviewed.	$\boxtimes$			A review of four use-of-force reports supported each use-of-force was documented, and a post incident staff review and critique occurred.			
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.				All calculated use-of-force incidents are recorded with sound from the start of the incident to the conclusion.			

#### 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:				
<ul> <li>Does not use force as punishment.</li> <li>Attempts to gain the detainee's voluntary cooperation before resorting to force</li> <li>Uses only as much force as necessary to control</li> </ul>	$\boxtimes$			
the detainee.  Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.				
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	$\boxtimes$			
12. <b>(MANDATORY)</b> Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	$\boxtimes$			Policy requires that use-of-force teams follow written procedures that attempt to prevent injury and exposure to disease.
<ul> <li>13. Standard procedures associated with using four/five point restraints include:</li> <li>Soft (nylon/leather) restraints.</li> <li>Dressing the detainee appropriately for the temperature.</li> <li>A bed, mattress, and blanket/sheet.</li> <li>Checking the detainee at least every 15 minutes.</li> <li>Logging each check.</li> <li>Repositioning detainee often enough to prevent soreness or stiffness.</li> <li>Medical evaluation of the restrained detainee twice per eight-hour shift.</li> <li>When qualified medical staff are not immediately available, staff position the detainee "face-up."</li> </ul>				
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.	$\boxtimes$			
15. All detainee checks are logged.	$\boxtimes$			
In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	$\boxtimes$			Medical staff is contacted after all immediate use of force situations are under control.

#### 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:				
<ul> <li>Medical staff are consulted before staff use pepper spray/non-lethal weapons.</li> </ul>				
<ul> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>				
<ol> <li>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.</li> </ol>	$\boxtimes$			Use of force weapons and equipment are secured in areas away from staff and detainees when not in use.
<ol> <li>If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.</li> </ol>	$\boxtimes$			Use of force equipment kept in the SMU is stored in a secure manner.
<ul><li>20. Special precautions are taken when restraining pregnant detainees.</li><li>Medical personnel are consulted</li></ul>			$\boxtimes$	The facility does not house female detainees.
21. Protective gear is worn when restraining detainees with open cuts or wounds.	$\boxtimes$			
22. Staff document every use of force, including what type of restraints was used during the incident.	$\boxtimes$			All use of force incidents are documented and detailed.
23. It is standard practice to review any use of force and the non-routine application of restraints.	$\boxtimes$			All use of force reports are reviewed and critiqued.
24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.	$\boxtimes$			Training in self defense, confrontation avoidance techniques, and use of force is documented in
<ul> <li>Specialized training is given to officers ensuring they are certified in all devices approved for use.</li> </ul>				staff training files.
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.	$\boxtimes$			ICE security staff receives training in the use of oleoresin capsicum (OC) spray, and the training is documented in training records.
26. The use of canines is restricted to contraband detection purposes only.			$\boxtimes$	Canines are not used in this 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.	$\boxtimes$			
PART 2 – 18. USE OF FC	RCE A	ND REST	RAIN	TS
	andard	□ N/A	<u>.</u>	☐Repeat Finding

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

The facility has a detailed use-of-force policy. Annual refresher training in use-of-force techniques is conducted. All facility use-of-force incidents are documented, reviewed, and critiqued which permit both positive and negative comments. Staff is aware that most use-of-force situations need to be calculated rather than immediate. The use-of-force policy and procedure outline the proper process to prevent injury and exposure to disease.

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(b)(6), (b)(7)c March 24, 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.	$\boxtimes$			Facility policy 3.3.1, Detainee Discipline Policy, details the disciplinary system and levels of reviews and appeals.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	$\boxtimes$			Facility rules and policy state disciplinary action is not to be capricious or retaliatory.
3.	Written rules prohibit staff from imposing or permitting the following sanctions:  • corporal punishment				
	deviations from normal food service				
	<ul><li>clothing deprivation</li><li>bedding deprivation</li></ul>	$\boxtimes$			
	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 addressed in the detainee handbook and included in the orientation tape.
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	$\boxtimes$			Postings in Spanish and English of the areas identified in this component were observed in the housing units.
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	$\boxtimes$			
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	$\boxtimes$			
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	$\boxtimes$			

# PART 3 - 19. DISCIPLINARY SYSTEM

This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol><li>An intermediate disciplinary process is used to adjudicate minor infractions.</li></ol>	$\boxtimes$			
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:				
<ul> <li>Conducts hearings on all charges and allegations referred by the UDC</li> </ul>				
<ul> <li>Considers written reports, statements, physical evidence, and oral testimony</li> </ul>	$\boxtimes$	П		
<ul> <li>Hears pleadings by detainee and staff representative</li> </ul>				
<ul> <li>Bases its findings on the preponderance of evidence</li> </ul>				
<ul> <li>Imposes only authorized sanctions</li> </ul>				
A staff representative is available if requested for a detainee facing a disciplinary hearing	$\boxtimes$			The facility makes a staff representative available if a detainee does not read, write, or understand the charges.
12. 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.	$\boxtimes$			Facility policy allows a 60-day maximum placement in the SMU for a single offense.
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	IPLINA	RY SYSTE	EM	
	andard	□ N/A	,	☐Repeat Finding

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

The facility has a detailed detainee discipline policy which addresses all components listed in this standard. According to staff interviews, the facility processed 12 disciplinary reports last year as well as a few minor rule violations which were handled informally. During orientation, detainees are given a copy of the handbook which includes information on the rules and the disciplinary process.

(b)(6), (b)(7)c March 24, 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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The Food Service Administrator (FSA) maintains a ServeSafe certification which is valid through March 12, 2012. Other food service employee responsibilities are outlined in job descriptions.
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	$\boxtimes$			Food service employees receive 40 hours of pre-service training.
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	$\boxtimes$			The facility does not use knives. Utensils which could be used as weapons are maintained in a locked storage cabinet in a locked area. These utensils are inventoried twice daily and are logged in and out.
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils			$\boxtimes$	Knives are not used in this facility.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	$\boxtimes$			These items, specifically sugar, are maintained in a locked area accessible only to food service staff. A running inventory is maintained.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$			Daily searches are conducted and recorded.
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.		$\boxtimes$		Security staff conducts the counts of detainees working in the food service area.

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O (MANDATODY) There is a derivate health material.	
9. <b>(MANDATORY)</b> 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.	dards ing nees y. d d to sed in e oyees
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.  A food service worker is assig provide training to detainee workers. The training curriculand documentation of the train provided to detainees were reviewed during the inspection	um ing
<ul> <li>12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates:</li> <li>Safe work practices and methods.</li> <li>Safety features of individual products/ pieces of equipment.</li> <li>Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>	ents
13. The Cook Foreman documents all training in individual detainee detention files.  Documentation of training is maintained and was reviewed during the inspection.	
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.	lar
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.	
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	$\boxtimes$			A registered dietitian conducts a complete nutritional analysis of the five week master-cycle menu every six months. The current menu was reviewed March 21, 2011. The dietitian certified the menu meets the U.S. Recommended Daily Allowances.
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	$\boxtimes$			The Armed Forces menu preparation cards are used to ensure items on the master-cycle menu are prepared and presented according to the approved recipe.
<ul> <li>20. The Cook Foreman has the authority to change menu items if necessary.</li> <li>If yes, documenting each substitution, along with its justification, with copy to the FSA</li> </ul>	$\boxtimes$			All Cook II's receive supervisory training and have the authority to change menu items, if necessary. Documentation and justification for each change is provided to the FSA and the facility's food service COTR.
21. All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$			
<ul> <li>22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.</li> <li>Changes to the planned Common Fare menu can be made at the facility level.</li> <li>Hot entrees are offered three times a week.</li> <li>The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).</li> <li>Staff routinely provide hot water for instant beverages and foods. <ul> <li>Common Fare meals are served with:</li> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.</li> </ul>				Menu accommodations are made for detainees on an as needed basis at no charge to the detainee. The common fare menu is certified by a dietitian. Hot entrees are offered two times a day. Hot water is provided, as necessary. Common fare meals are served with disposable plates and utensils. Staff does not prepare the common fare meals at the facility; therefore, separate preparation areas or utensils are not needed.
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.	$\boxtimes$			

in a samilary and mygleriic rood 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.	$\boxtimes$			A schedule of the ceremonial meals for the calendar year is provided to the FSA. The Chaplain reported that the schedule is being updated and streamlined.		
<ul> <li>26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> <li>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.</li> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>				The requirements of this component are met by the facilities Common Fare Program. The facility's Chaplains work closely with detainees and food service personnel to ensure the detainee's needs for religious diets and/or fasting for religious purposes are met.		
27. The food service program addresses medical diets.	$\boxtimes$					
28. Satellite-feeding programs follow guidelines for proper sanitation.			$\boxtimes$	Meals are served in a cafeteria at this facility.		
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	$\boxtimes$			Temperature logs are maintained and were reviewed during this inspection.		
30. All meals provided in nutritionally adequate portions.	$\boxtimes$					
31. Food is not used to punish or reward detainees based upon behavior.	$\boxtimes$					
<ul> <li>32. The food service staff instruct detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food, and;</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>	$\boxtimes$			Detainee volunteer workers receive instruction on all areas identified in this component during initial training.		
33. Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$			Food service workers were observed to be in compliance with food safety and sanitation requirements during the inspection.		
34. <b>(MANDATORY)</b> 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.	$\boxtimes$			The food service area is inspected weekly by the required officials. The inspections include all food service areas including dining, storage, equipment, and food preparation areas.		

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	$\boxtimes$			Discrepancies are reported to the facility administrator.
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	$\boxtimes$			Dishwashing machine temperatures are checked after each meal. These checks and the temperatures are documented in a log.
37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	$\boxtimes$			Refrigerator/freezer temperature checks are completed daily with the results of those checks documented in a log.
38. The cleaning schedule for each food service area is conspicuously posted.				
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$			
40. Storage areas are locked when not in use.	$\boxtimes$			Storage areas were observed to be locked during the inspection.
41. Food service personnel conduct shakedowns along with detention staff.	$\boxtimes$			Shakedowns of the area are conducted and documented daily.
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	$\boxtimes$			
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	$\boxtimes$			The menus are certified by a registered dietitian prior to being incorporated into the food service program.
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	$\boxtimes$			Quarterly cost estimates are prepared for the Common Fare Program.
45. When required, only food service staff prepare the sack lunches for detainee transportation.				
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 comply with the ICE requirements for "food receipt and storage.	$\boxtimes$			
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	$\boxtimes$			Stock inventories are monitored and adjusted, as required. The stock inventory was examined during the inspection.
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	$\boxtimes$			

	PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	d a nutr	ritionally ba	lanced	diet that is prepared and presented		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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.	$\boxtimes$			An annual inspection of the entire facility is conducted by the Customs and Border Protection Health and Safety Officer out of San Diego.		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	$\boxtimes$			If present, the inspector addresses any deficiencies in the food service department to the facility administrator.		
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.	$\boxtimes$			Only toxic and caustic materials required for the sanitary maintenance of the food service department are utilized. These items are maintained outside the food service preparation area and are accessible only to authorized food service personnel. MSDSs are available in the locked storage area for these items. A running inventory is maintained on the items.		
54. <b>(MANDATORY)</b> The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	$\boxtimes$			Pest control services are provided monthly by a contracted outside exterminator.		
FOOD S	ERVIC	E				

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

The Food Service Program at this facility is well run. The area was clean and orderly at the time of the inspection. Detainee volunteer workers are properly trained and documentation of that training is maintained and was available for review. It is noteworthy that the training for detainee workers is ongoing due to the short length of stay of detainees at the facility; and even under this constant pressure, the training is provided and well documented. The five-week menu is reviewed twice a year by a certified dietitian. Common fare meals and religious diets are provided, as needed. Meal preparation and service were observed during the inspection. The meals appeared to be well received by the detainees. No complaints about the food or food service were heard. The food service area of the facility will undergo a major expansion in the next year.

(b)(6), (b)(7)c March 24, 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.	$\boxtimes$			Facility policy requires that medical staff be advised when a detainee refuses food for 72 hours.
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	$\boxtimes$			ICE personnel staff the facility and are notified immediately.
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			Facility policy addresses this requirement.
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	$\boxtimes$			Facility policy and verification through staff interviews indicate staff isolates hunger-striking detainees from other detainees.
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	$\boxtimes$			Facility policy and an interview with the Health Services Administrator (HSA) indicate that medical personnel are authorized to place a detainee in the SMU or a locked hospital room.
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	$\boxtimes$			Facility policy provides the authority, and medical staff interviews verified the practice of recording weight and vital signs at least once every 24 hours.
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	$\boxtimes$			Facility policy addresses this requirement, and interviews with medical staff verified consent is obtained.
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	$\boxtimes$			Facility policy addresses this requirement. Actual practice ensures a Refusal of Treatment form is required.
9.	Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	$\boxtimes$			Facility policy and actual practice, verified through staff interviews indicates three meals are served daily.
10.	Staff maintain the hunger striker's supply of drinking water/other beverages.	$\boxtimes$			Interviews with medical staff indicated staff provides beverages to hunger strikers. Written policy also addresses this requirement.
11.	During a hunger strike, staff remove all food items from the hunger striker's living area.	$\boxtimes$			Medical staff interviews verified all food items are removed from living area.
12.	Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	$\boxtimes$			Facility policy and a review of the form indicated fluid intake and food consumption are recorded.

PART 4 – 21. HUNGER STRIKES					
This Detention Standard protects detainees' health and we treating any detainee who is on a hunger strike.	ell-being	g by monito	oring,	counseling and, when appropriate,	
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
<ol> <li>The medical staff have written procedures for treating hunger strikers.</li> </ol>	$\boxtimes$			Facility medical policy outlines treatment of hunger strikers.	
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	$\boxtimes$			Medical staff interviews verified treatment attempts are recorded and facility policy addresses this requirement.	
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment.  Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	$\boxtimes$			Facility policy and a review of training curriculum and files occurred. These sources support that training is provided to staff regarding signs of hunger striker, and that medical staff are trained in the treatment of hunger strikers.	
PART 4 – 21. HUNGER STRIKES					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

Following a review of policy and procedure, training curriculum, ten randomly selected training files and interviews with the Health Services Administrator (HAS) and Training Coordinator, it was determined the facility complies with the PBNDS regarding Hunger Strikes.

At the time of the inspection, it was reported that there have been no hunger strikes during the past 12 months.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date

# PART 4 – 22. MEDICAL CARE

	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.				The facility medical unit is currently accredited by the American Correctional Association (ACA) through 2012, the National Commission on Correctional Health Care (NCCHC) through 2010 and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) through 2011. Medical staff and the pharmacy are licensed by the State. The medical unit is in possession of a current Clinical Laboratory Improvement Amendment (CLIA) waiver certificate authorizing limited on-site laboratory testing.
2.	The facility's in-processing procedures of arriving detainees include medical screening.	$\boxtimes$			Medical screenings are only conducted by medical staff.
3.	<b>(MANDATORY)</b> The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	$\boxtimes$			A review of the staffing plan indicated it had been dated and signed by the Health Services Administrator (HAS) in February 2011.
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	$\boxtimes$			At the time of the intake screening, newly admitted detainees are informed orally by medical staff regarding the process for accessing health services. Additionally, detainees are provided a handbook which includes the information. The handbook is available in both English and Spanish.
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	$\boxtimes$			Facility medical staff is on-duty 24 hours, 7 days a week. At any time, a detainee can request, complete and submit a sick call request slip. Sick call is conducted each day of the week.

# PART 4 - 22. MEDICAL CARE

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	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
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.	$\boxtimes$			Pursuant to facility policy, new direct care staff receive a TB skin test prior to being hired and annually thereafter. A review of medical unit staff files indicated all had an up-to-date TB skin test. Additionally, all medical staff has been offered the hepatitis B vaccine series.	
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.	$\boxtimes$			A random review of medical staff files indicated all medical staff are licensed, certified, or credentialed by the State.	
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).	$\boxtimes$			During the admission process, each detainee is provided a handbook which is available in both English and Spanish.	
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	$\boxtimes$			This facility is accredited by the National Commission on Correction Health Care (NCCHC) and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The medical personnel credentialing and verification process complies with the standards established by the NCCHC and JCAHO.	
10.	<ul> <li>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.</li> <li>When screening is performed by a detention officer, the facility maintains documentation of the officer's special training.</li> </ul>	$\boxtimes$			Written facility policy provides the authority and practice supports completing the initial medical, dental and mental health screening well under the 12-hour time limit. All intake screenings are conducted by licensed medical staff.	
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.	$\boxtimes$			Many staff at the facility are bilingual. Additionally, the facility contracts with a "language" service to provide translation assistance, as needed.	

# PART 4 – 22. MEDICAL CARE

•	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	$\boxtimes$			A tour indicated the medical unit has sufficient space and equipment to afford each detainee privacy when receiving health care. The current medical unit is undergoing construction to expand the unit. Construction is scheduled to be completed in August 2011.
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	$\boxtimes$			A tour indicated the medical facility has its own restricted-access area. The medical unit is located well within the confines of the secure perimeter.
14.	The medical facility entrance includes a holding/waiting room.	$\boxtimes$			A holding/waiting area is located within the medical unit.
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	$\boxtimes$			All detainees are escorted to the medical unit. While waiting, they are under the direct supervision of security staff.
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	$\boxtimes$			Observation indicated there is a toilet and drinking fountain located within the holding/waiting area.
17.	<ul> <li>Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>	$\boxtimes$			A tour of the medical unit indicated medical records are physically stored separate from other files.  The medical files are stored in a locked room with key access restricted to medical staff.
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	$\boxtimes$			Pursuant to written facility policy, each detainee is requested to sign a consent to treatment form during the admission process. Additionally, consent for treatment is obtained prior to any medical or dental procedure.
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			An interview with the HSA indicated the facility utilizes the Form I-813.
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	$\boxtimes$			The HSA and Medical Records Director indicated advance notice of transfers is provided.

#### PART 4 – 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	$\boxtimes$			The Medical Records Director indicated a transfer summary is completed and transferred with each 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."	$\boxtimes$			The Medical Records Director affirmed that all records being transferred are placed in an envelope, sealed and marked "Medical Confidential."
23.	Medical screening includes a Tuberculosis (TB) test.	$\boxtimes$			Unless there is documentation of a TB skin test or chest x-ray being conducted in the past 90 days, each detainee is given a chest x-ray during the intake process.
24.	<ul> <li>All detainees receive a mental-health screening upon arrival. It is conducted:</li> <li>By a health care provider or specially trained officer;</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>	$\boxtimes$			Medical staff conduct a mental health screening during the admission process. The mental health intake screening is conducted well-under the 12-hour time limit.
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	$\boxtimes$			Pursuant to written facility policy, medical staff completes the I-794s.
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	$\boxtimes$			Written facility policy provides the authority to conduct a health appraisal within seven days of arrival.
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	$\boxtimes$			Detainees in the Special Management Unit (SMU) can at any time request, complete, and submit a sick call request. Requests are collected each morning, seven days a week, by medical staff; and the detainee is evaluated the same day. Additionally, medical staff conducts daily "wellness" checks on each detainee housed in the SMU.

# PART 4 - 22. MEDICAL CARE

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	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
28.	<ul> <li>Staff provide detainees with health- services (sick call) request slips daily, upon request.</li> <li>Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population.</li> <li>Service-request slips are delivered in a timely fashion to the health care provider.</li> </ul>	$\boxtimes$			Detainees can request a sick call slip at any time. The request slips are available in both English and Spanish. Slips are placed by the detainee in a locked box in the dining room. The locked box can only be accessed by medical staff. Medical staff collects sick call request slips each morning, and the detainee is evaluated the same day.			
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 on-duty 24 hours, 7 days a week. In the event of an emergency, staff contacts medical staff who evaluates and treats the detainee. In the event community treatment is required, medical staff coordinates the transfer with the community health care facility and security staff.			
30.	The plan includes an on-call provider.				Facility staff can contact medical staff 24 hours a day. If needed, the facility Medical Director is available and on-call.			
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	$\boxtimes$			Medical staff contacts the local Emergency Management Services (EMS).			
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				In the event transport outside the facility is required, medical staff coordinates the transfer with security staff.			
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.	$\boxtimes$			A review of training curriculum indicated staff is trained to a four-minute medical emergency response time. A random review of ten staff training files indicated they have received the training.			
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	Only licensed medical staff administers or distributes medication.			

#### PART 4 - 22. MEDICAL CARE

prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	$\boxtimes$			There is (b)(7)e licensed pharmacist who is responsible for the storage, inventory, and dispensing of all medications. Only licensed medical staff administers medications. A random review of controlled substance inventories indicated all were correct.		
36.	<b>(MANDATORY)</b> Each facility has written policy and procedures for the management of pharmaceuticals that include:						
	<ul> <li>A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.</li> </ul>						
	• A method for obtaining medicines not on the formulary.				Detailed written facility policy complies with each of the bullet		
	<ul> <li>Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed.</li> </ul>				points listed in this component. An interview with the staff pharmacist indicated practice is consistent with policy.		
	<ul> <li>Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.</li> </ul>						
	<ul> <li>Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.</li> </ul>						
37.	All pharmaceuticals are stored in a secure area with the following features:				A tour of the medical unit noted a locked pharmacy which has access		
	A secure perimeter;				limited to medical staff. The		
	<ul> <li>Access limited to authorized medical staff (never detainees);</li> </ul>				pharmacy area is constructed with a solid ceiling and solid floor-to-ceiling walls. There is a steel		
	Solid walls from floor to ceiling and a solid ceiling;			Ш	entrance door with a key-pad code		
	<ul> <li>A solid core entrance door with a high security lock (with no other access); and</li> </ul>				lock. All medication is stored in locked cabinets with controlled		
	A secure medication storage area.				substances stored in a vault with access limited to the pharmacist and pharmacy technician.		

# PART 4 – 22. MEDICAL CARE

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	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
	<ul> <li>In SPCs and CDFs, the pharmacy has a locking pass-through window.</li> <li>Administration and management in accordance with state and federal law.</li> <li>Supervision by properly licensed personnel.</li> <li>Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent.</li> <li>Accountability for administering or distributing medications in a timely manner and according to physician orders.</li> </ul>				The pharmacy is under the supervision of (b)(7)e registered pharmacist who directs and supervises all activities regarding pharmaceutical inventories, storage, dispensing, and administration. There is a locking pass-through window.
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	$\boxtimes$			Written physician orders detail the specific dosing instructions for each medication. A Medication Administration Record (MAR) is utilized for documentation of each dose of medication administered or distributed.
40.	<ul> <li>Medication may not be delivered or administered by detainees.</li> <li>In facilities that are medically staffed 24 hours a day, the health care provider distributes medication.</li> <li>In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty.</li> </ul>				Only licensed medical staff, which are on-duty 24 hours per day, 7 days a week administer or distribute medications.
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			$\boxtimes$	Officers do not administer or distribute medications at this facility.
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	$\boxtimes$			An interview with the HSA indicated facility administration is notified about a detainee with special needs via a telephone call. A follow up e-mail is sent as well as a completed Special Needs Form.

#### PART 4 – 22. MEDICAL CARE

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	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	$\boxtimes$			Written facility policy indicates detainees may request an examination by an independent medical service provider or expert. An interview with the HSA indicated practice is consistent with the written policy.
44.	<ul> <li>(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:</li> <li>Coordination with public health authorities;</li> <li>Ongoing education for staff and detainees;</li> <li>Control, treatment, and prevention strategies;</li> <li>Protection of individual confidentiality;</li> <li>Media relations;</li> <li>Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and</li> <li>Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations.</li> </ul>				A comprehensive written facility policy addresses each of the bullets noted in this component.
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	$\boxtimes$			The facility has five negative-air pressure rooms utilized specifically for the isolation of detainees suspected of having a communicable disease.
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.	$\boxtimes$			Written, detailed facility policy indicates each newly arriving detainee is to receive a chest x-ray, unless there is credible written documentation of a negative TB skin test or chest x-ray within the previous 90 days.
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.				The facility has five negative-air pressure rooms. Any detainee with symptoms suggestive of TB is immediately placed in the negative-air pressure isolation room until it is determined that the detainee is free of any communicable disease.

# PART 4 - 22. MEDICAL CARE

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	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks			
	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	$\boxtimes$			For medical emergencies determined to be non-life threatening, facility transportation is utilized. For life threatening emergencies, the local Emergency Management System (EMS) is utilized. Medical staff, which is onduty around-the-clock, seven days a week, makes the determination as to the mode of transportation required.			
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	$\boxtimes$			At the time of intake, any detainee identified with a close, chronic, or convalescent medical need is immediately referred to the appropriate practitioner for evaluation and treatment, if indicated. A medical plan/supervision is developed.			
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.			$\boxtimes$	Female detainees are not housed at this facility.			
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				Newly arriving detainees identified as having a chronic condition are immediately referred to the physician. The 14-day health appraisal is conducted the day after arrival and a chronic condition care plan is developed by the physician. Detainees determined to have a chronic condition are evaluated by the physician, at a minimum of every 30 days and more frequently if unstable.			
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.	$\boxtimes$			Information concerning detainees with special needs is communicated to facility administration via an initial telephone call. This is followed up by an e-mail and a written Special Needs Report.			
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	$\boxtimes$			There is a licensed dentist on-duty 40 hours per week. Detainees may request a sick call form at any time for any level of care.			

#### PART 4 - 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	$\boxtimes$			There is a licensed psychologist onduty 40 hours per week. Written facility policy details the process for mental health referrals. All facility staff receive training concerning mental health referrals at the time of hire and annually thereafter. A random review of 10 staff training files indicated the training had been conducted.
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	$\boxtimes$			Detainees who experience acute mental health episodes are immediately referred to medical staff for initial intervention. If the psychologist is not on duty, medical staff can contact the psychologist at any time.
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	$\boxtimes$			A tour of the intake area and medical unit indicated settings constructed to provide privacy during interviews, examinations or procedures. There are no female detainees housed at this facility.
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	$\boxtimes$			Written facility policy complies with this component. Actual practice indicates mental health evaluations by a licensed psychologist are completed within seven days of arrival.

# PART 4 – 22. MEDICAL CARE

provention	and health education, so that their health care	I			y and emoient manner.
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
health medical conclusions success specify  The app  How Receive to u  Afte comform	e conditions under which restraints may be lied; e types of restraints to be used; v a detainee in restraints is to be monitored; e length of time restraints are to be applied; quirements for documentation, including efforts se less restrictive alternatives; and er-incident review. e medical authority or mental health provider appletes a Post-Restraints Observation Report in DIHS-867 or similar form.				Detailed, written facility policy provides compliance with all bullet points listed in this component.
applica physici	DATORY) Involuntary administration of otropic medications to detainees complies with able laws and regulations and the authorizing an or psychiatrist will:  ecify the duration of therapy; ain an order authorizing the administration of drug from a Federal District Court.  cument that less restrictive intervention options to been exercised without success; ail how the medication is to be administered; intor the detainee for adverse reactions and the effects; and pare treatment plans for less restrictive renatives as soon as possible.				A detailed, written facility policy provides compliance with all bullet points listed in this component.
within dentist perforn	al dental screening exam should be performed 14 days of the detainee's arrival. If no on-site is available, the initial dental screening may be ned by a physician, physician's assistant, practitioner or trained RN.	$\boxtimes$			There is (b)(7)e 40 hour per week licensed dentist on-staff. Written facility policy provides compliance with this component. Actual practice indicates dental screenings, performed by a licensed dentist, are performed within seven days of arrival at the facility.

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This	Detention	Standard	ensures	that	detainees	have	access	to a	a continuum	of	health	care	services,	including
prev	ention and	health edu	ication, s	o tha	t their heal	th care	e needs	are	met in a time	ely a	and effic	cient	manner.	

prevention and health education, so that their health care needs are met in a timely and efficient manner.								
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
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.	$\boxtimes$			An interview with the HSA indicated there are 16 first aid kits located within the facility. Medical staff inventory and restock the kits monthly. A review of inventory sheets indicated practice is consistent with policy.				
62. An automatic external defibrillator should be available for use at the facility.	$\boxtimes$			There are five automatic external defibrillators (AEDs) located and maintained within the facility.				
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	$\boxtimes$			Written facility policy provides compliance with this component. An interview with the HSA indicated practice was consistent with policy.				
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.	$\boxtimes$			An interview with the HSA indicated quarterly, documented meetings are conducted. A review of meeting minutes confirmed the practice.				
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.	$\boxtimes$			The facility has a contract with Biomedical Waste Solutions, LLC to dispose of medical biohazard waste. A review of the procedures and practice for decontaminating medical and dental equipment indicated appropriate practices are in place to ensure decontamination.				
66. <b>(MANDATORY</b> ) The health authority will implement a system of internal review and quality assurance.				Facility policy provides the authority and a review of documented Quality Assurance meetings and Peer Review supported compliance with this component.				
PART 4 – 22. I	/IEDIC	L CARE						
	andard	□ N/A	1	☐Repeat Finding				

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

A review of policy and procedure, training curriculum and files and the detainee handbook occurred. The pharmacy license and Clinical Laboratory Improvement Amendment (CLIA) waiver consent were also reviewed. Accreditation certificates from the American Correctional Association, the National Commission on Health Care and the Joint Commission on Accreditation of Healthcare Organizations were review. A random review of nursing licenses and ten ICE detainee medical records occurred. (b)(7)e staff training files as well as the Quality Assurance meeting minutes and Peer Review activity documentation was review. A tour of the medical unit and Special Management Unit, including negative-air pressure isolation rooms occurred. (b)(7)e

nurse and the Training Coordinator were conducted. As a result, it was determined the facility is in compliance with the PBNDS regarding Medical Care.

At the time of the inspection, it was reported there were no ICE or non-ICE detained deaths during the past 12 months.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

# PART 4 – 23. PERSONAL HYGIENE

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.  The supply of these items exceeds the minimum	$\boxtimes$			
	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.				
	<ul><li>One pair of socks.</li><li>One pair of underwear (daily change).</li></ul>				
	<ul> <li>One pair of underwear (daily change).</li> <li>One pair of facility-issued footwear.</li> </ul>				
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	$\boxtimes$			Jackets are issued during cooler months.
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.				
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	$\boxtimes$			Only male detainees are housed at this facility.
6.	Toilet facilities are:				
	<ul> <li>Clean</li> <li>Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas.</li> <li>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.</li> </ul>	$\boxtimes$			A tour of three living units indicated an adequate number of toilets. All three areas toured were clean.

PART	4 _ 23	PERSONAL	HYGIENE
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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	
<ul> <li>7. Bathing facilities are:</li> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.</li> <li>ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.</li> </ul>	$\boxtimes$				
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.					
<ul> <li>9. Detainees are provided clean clothing, linen and towels.</li> <li>Socks and undergarments - daily.</li> <li>Outer garments - twice weekly.</li> <li>Sheets - weekly.</li> <li>Towels - weekly.</li> <li>Pillowcases - weekly.</li> </ul>	$\boxtimes$				
Food service detainee volunteer workers are permitted to exchange outer garments daily.	$\boxtimes$				
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	SONA	HYCIEN			
PART 4 – 23. PERSONAL HYGIENE  Meets Standard Does Not Meet Standard N/A Repeat Finding					

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

Following a review of policy and procedure, interviews with facility administration as well as a tour of three living units and the facility laundry, it was determined the inspection the facility is in compliance with the PBNDS regarding Personal Hygiene.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

# PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

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.	$\boxtimes$			A review of the program plan dated June 16, 2010 noted signatures by the health authority and the Facility Administrator.
<ul> <li>2. At a minimum, the Program shall include procedures to address: <ul> <li>Intake screening and referral requirements;</li> <li>The identification and supervision of suicide-prone detainees;</li> <li>Staff training requirements;</li> <li>The management and reporting of suicidal incidents, suicide watches, and deaths;</li> <li>Provision of safe housing for suicidal detainees;</li> <li>Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;</li> <li>Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.;</li> <li>Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior.</li> </ul> </li> </ul>				A review of the written facility program plan indicates compliance with the requirements of this component.
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	$\boxtimes$			Facility policy requires training be provided during new-employee orientation and annually thereafter. A random review of ()(7) employee training files indicated training has been conducted as required.

# 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:				
<ul> <li>Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,</li> </ul>				
<ul> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> </ul>				
<ul> <li>Responding to suicidal and depressed detainees,</li> </ul>				An interview with the Training
<ul> <li>Effective communication between correctional and health care personnel,</li> </ul>	$\boxtimes$			Officer and a review of the training curriculum verified compliance with all the "bullet points" of this
<ul> <li>Necessary referral procedures,</li> </ul>				component.
<ul> <li>Housing observation and suicide-watch level procedures,</li> </ul>				-
<ul> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> </ul>				
<ul> <li>Reporting and written documentation procedures.</li> </ul>				
<ol><li>A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li></ol>				A random review of ten ICE
<ul> <li>Screening does not occur later than one working day after the detainee's arrival.</li> </ul>	$\boxtimes$			detainee medical records indicated at the time of admission, medical staff conducts a medical and mental
<ul> <li>Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.</li> </ul>				health screening.
6. Written procedures contain when and how to refer atrisk detainees to medical staff and procedures are				The written facility suicide prevention and intervention
followed.				program plan describes the procedures to refer at-risk detainees to medical staff.
<ol> <li>Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.</li> </ol>	$\boxtimes$			Facility policy addresses this requirement.
The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			Segregation open-front cells are utilized for mental health isolation/observation rooms.
9. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	$\boxtimes$			A tour of the area indicated the cells do not contain any structures or smaller items that could be used in a suicide attempt.
10. Medical staff have approved the room for this purpose.	$\boxtimes$			The staff psychologist who is a part of the medical staff has given verbal approval for use of the rooms.

PART 1 - 21	SUICIDE PREVENTION AND INTERVENTION	ı
FAR I 4 - 24.	SUIGIDE 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	
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	$\boxtimes$			A security staff person is posted immediately outside the open-front cell to constantly observe any detainee on suicide watch and complete 15 minute documentation.	
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.	$\boxtimes$			The facility has 24-hour medical staff on-site. Facility policy addresses all requirements of this component.	
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 is a Service Processing Center (SPC) and has 24-hour medical staff on-site.	
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	$\boxtimes$			Facility policy addresses the requirements of this component. There have been no suicides or serious suicide attempts to evaluate that the practice is consistent with policy.	
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
	andard	□ N/A		☐Repeat Finding	

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

A review of policy and procedure, the Quality Assurance Plan, intervention plan, training curriculum, ten randomly selected training files and ten randomly selected ICE detainee medical records occurred. Interviews were conducted with the Health Services Administrator (HSA), the Assistant HSA, Training Coordinator, staff psychologist and chronic illness nurse. A tour of the segregation unit and observation cells was conducted. Overall, the facility is in compliance with the PBNDS regarding Suicide Prevention and Intervention.

At the time of the inspection, it was reported there were no suicides or attempted suicides during the last 12 months.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date

	PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH						
	This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.						
	Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	$\boxtimes$			Facility policy addresses this requirement.		
2.	The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition.  The detainee's location.  The visiting hours and rules at that location.	$\boxtimes$			The facility makes the next-of-kin notifications and provides the information required by this component.		
3.	<ul> <li>There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives.</li> <li>These guidelines include instructions for detainees who wish to have a living will.</li> <li>These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.</li> </ul>	$\boxtimes$			Facility policy addresses State Advanced Directive Form for Implementing Living Wills and Advanced Directives.		
4.	There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$			Facility policy addresses "Do Not Resuscitate Orders."		
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	$\boxtimes$			Facility policy requires maximal therapeutic efforts short of resuscitation be provided.		
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	$\boxtimes$			Facility policy addresses this requirement. Interviews with facility administration and the Health Services Administrator (HSA) verified practice.		
7.	The facility has written procedures to address the issues of organ donation by detainees.	$\boxtimes$			Facility policy addresses organ donation.		
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	$\boxtimes$			Since the facility is operated by ICE, facility administrative staff notify the family members and consulates when a detainee dies while in custody.		
9.	The facility has a policy and procedure to address the death of a detainee while in transport.	$\boxtimes$			Facility policy addresses death of a detainee while in transport.		
10.	At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				Facility policy details the requirements for the disposal of a detainee's remains.		

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH					
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.					
☐ Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.					
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.	$\boxtimes$			Facility policy details the steps to be taken to schedule an indigent's burial.	
<ul> <li>If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.</li> </ul>				ouriai.	
<ol> <li>An original or certified copy of a detainee's death certificate is placed in the subject's A-File.</li> </ol>	$\boxtimes$			Facility administrative staff verified a certified copy of the death certificate is placed in the A-file.	
<ol> <li>The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</li> </ol>				Facility policy outlines procedures	
<ul> <li>Performance of an autopsy.</li> </ul>	$\boxtimes$		П	regarding when to contact the local	
<ul> <li>Person(s) to perform the autopsy.</li> </ul>		_	_	coroner.	
<ul> <li>Obtaining State approved death certificates.</li> </ul>					
<ul> <li>Local transportation of the body.</li> </ul>					
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	$\boxtimes$			ICE administrative staff verified the case is properly closed.	
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH	
Remarks: (Record significant facts, observations, other sources used, etc.)  A review of policy and procedure and the Advanced Directive form occurred. Interviews were conducted with the Health Services Administrator (HSA), Assistant HSA and the facility Detention Office Supervisor (DOS). Overall, the facility complies with the PBNDS.  At the time of the inspection, the HSA verified there were no Advanced Directive/Living Wills or Do Not Resuscitate orders in force.					

(b)(6), (b)(7)c / March 24, 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.	$\boxtimes$			Facility policy 5.4.1, Detainee Correspondence, explains the procedures for handling correspondence and mail. The rules for correspondence and other mail are included in the handbook which is given to the detainees during orientation.
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	$\boxtimes$			The facility provides key information in English and Spanish.
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$			Incoming mail is usually distributed the day it arrives but no later than one business day after receipt.
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	$\boxtimes$			Outgoing mail is processed and delivered to the postal service within one business day.
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	$\boxtimes$			All incoming priority, priority overnight, and certified mail is documented in a logbook maintained in the mailroom.
6.	Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.				All incoming general correspondence and other mail is opened with the detainee present.
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	$\boxtimes$			The facility does not allow staff to read incoming general correspondence unless authorized by the Facility Administrator.
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	$\boxtimes$			The facility inspects incoming special correspondence for contraband only with the detainee present.
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	$\boxtimes$			The facility does not allow staff to copy or read incoming and outgoing special correspondence without the detainee present.
10.	Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				

# 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.

representatives, government offices, and consular officials				rand orderly operation of the identity.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	$\boxtimes$			Staff making mail distribution completes a rejection form, which is then sent to the addressee and sender.
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	$\boxtimes$			The facility gives the original form explaining the rejection to the detainee.
14. Staff maintain a written record of every item removed from detainee mail.	$\boxtimes$			The facility maintains written reports of every item removed from detainee mail.
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	$\boxtimes$			Facility policy 3.1.17, Contraband, explains the procedures when discovering contraband in correspondence and mail.
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.	$\boxtimes$			Facility policy 5.4.1, Detainee Correspondence, explains the procedure for handling detainee cash. When cash is received, the amount is verified by b)(7)e fficers and then secured in a safe. The funds are then credited to 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 provide the detainee a copy of his or her identity document(s) upon request.	$\boxtimes$			
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	$\boxtimes$			
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.	$\boxtimes$			Indigent detainees are given the opportunity to mail two paid letters a day and five pieces of special correspondence a week. Mailing of packages which are deemed necessary is permitted.
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.	$\boxtimes$			

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
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.				The facility provides writing paper, envelopes, and pencils at no cost to the detainees.
23. SMU detainees have the same correspondence privileges as general population.	$\boxtimes$			All SMU detainees have the same correspondence privileges as general population.
24. Detainees have access to outside publications.				
PART 5 – 26. CORRESPONDENCE AND OTHER MAIL				

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

The facility has a process for ensuring all general and special correspondence is delivered to and mailed out of the facility within one business day. All rejections of incoming or outgoing correspondence are appropriately documented. The sender and addressee are notified of any rejection. Indigent detainees are allowed to mail special and general correspondence in accordance with this standard.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
det to a	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 eld Office or Sub-Office in control of the detainee ca		ency Esc	nieu	Trips are namined only by the ICE		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:  • Funeral  • Deathbed	$\boxtimes$			Facility policy addresses this requirement.		
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).	$\boxtimes$					
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	$\boxtimes$					
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.	$\boxtimes$					
5.	Detainees who require overnight housing are placed in approved IGSA facilities.	$\boxtimes$					
	Each escort detail includes at least b)(7) officers.	$\boxtimes$			According to policy, each non medical emergency trip requires (b)(7)eofficers to be assigned to the transport.		
7.	The detainee remains under constant, direct visual supervision of escorting staff.	$\boxtimes$					
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	$\boxtimes$					
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	$\boxtimes$					
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	$\boxtimes$					

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES							
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.							
☐ Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
11. Escort officers ensure that detainees:							
<ul> <li>Conduct themselves in a manner that does not bring discredit to ICE/DRO.</li> </ul>							
<ul> <li>Do not violate federal, state, or local laws.</li> </ul>							
<ul> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants.</li> </ul>							
<ul> <li>Do not arrange to visit family or friends unless approved before the trip.</li> </ul>							
<ul> <li>Make no unauthorized phone calls.</li> </ul>							
<ul> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.</li> </ul>							
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.	$\boxtimes$						
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	$\boxtimes$			If the detainee or detainee family member presents any problems, the detainee is returned to the facility.			
14. The Field Office Director is the approving official for all non-medical escorted trips.	$\boxtimes$						
15. Facility procedures comply with the following ICE Standards:							
<ul> <li>Transportation (Land Transportation</li> </ul>	$\boxtimes$						
<ul> <li>Restraints applied strictly in accordance with the Use of Force Standard.</li> </ul>							
PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDICA	L EM	ERGENCIES			
⊠ Meets Standard ☐ Does Not Meet St							

Overall, the facility complies with the PBNDS. Policy addresses the requirements of the PBNDS including the approval and transport procedure for non-medical emergency escorted trips.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

PART 5 – 28. MARRIAGE REQUESTS							
	This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ol> <li>The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by- case basis.</li> </ol>	$\boxtimes$			Facility policy 4.6.2 addresses the marriage request processes and responsibilities of staff and detainees.			
<ol> <li>The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.</li> </ol>							
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.	$\boxtimes$			Permission to marry is provided in writing to the detainee and his or her legal representative.			
<ol> <li>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.</li> </ol>	$\boxtimes$			If permission is denied, documentation for the denial is provided to the detainee. ICE staff does not recall a marriage request having been denied since 2007.			
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.							
The detainee handbook explains the marriage request process.	$\boxtimes$			The detainee handbook addresses the process a detainee must follow to request permission to marry and how the process is to proceed after the request is submitted.			
9. <u>In SPCs</u> the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	$\boxtimes$						
PART 5 – 28. MAR	RIAGE	REQUEST	rs				
	andard	□ N/A		Repeat Finding			

The marriage request process is automated at this facility. One ICE officer is responsible for compiling the proper paperwork and interacting with the detainee. Once the required paperwork is in order, it is forwarded to the Facility Administrator for approval. The approval is relayed in person to the detainee. ICE personnel at the facility demonstrate a clear understanding of their roles and responsibilities in the process and initiate the required actions.

(b)(6), (b)(7)c March 24, 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".

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The Facility provides:				
	An indoor recreation program.	$\boxtimes$			The facility has indoor and outdoor recreational facilities.
	An outdoor recreation program.				recreational facilities.
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	$\boxtimes$			The facility employs b)(7)e recreational specialists.
	Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.	$\boxtimes$			
	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.	$\boxtimes$			
7.	Outside activities are restricted to limited-contact sports.	$\boxtimes$			By policy, outdoor recreational activities are restricted to limited contact sports.
8.	Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$			
	Detainees have access to recreation activities outside the housing units for at least one hour daily.	$\boxtimes$			
10.	Staff check all items for damage and condition when equipment is returned.	$\boxtimes$			Equipment is checked for damage and condition daily after use.  During the inspection, the outdoor recreational equipment was observed to be in good condition.
11.	Staff conduct searches of recreation areas before and after use.	$\boxtimes$			
12.	Recreation areas are under constant staff supervision.	$\boxtimes$			The facility has established an assigned post to provide constant staff supervision of recreation areas.
13.	Supervising staff are equipped with radios.	$\boxtimes$			Staff supervising outdoor recreation areas are equipped with radios.
	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.	$\boxtimes$			

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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		
	N Sta	Doo N Sta				
16. Special programs or religious activities are available to detainees.	$\boxtimes$					
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	$\boxtimes$			Credential and background checks are completed on all volunteers.		
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?			$\boxtimes$	The facility has ample opportunities for outdoor recreation. Detainees are encouraged to participate in outdoor recreation which is offered at a minimum of three hours per day.		
20. If yes, written procedures ensure timely review of all eligible detainees.			$\boxtimes$	The facility has ample opportunities for outdoor recreation.		
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			$\boxtimes$	The facility has ample opportunities for outdoor recreation.		
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.			$\boxtimes$	The facility has ample opportunities for outdoor recreation.		
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			$\boxtimes$	The facility has ample opportunities for outdoor recreation.		
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			$\boxtimes$	The facility has ample opportunities for outdoor recreation.		
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			$\boxtimes$	The facility has ample opportunities for outdoor recreation.		
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.				The facility has ample opportunities for outdoor recreation.		
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			$\boxtimes$	The facility has ample opportunities for outdoor recreation.		
PART 5 - 29.	RECRE	ATION				

The recreation program at the facility is co-ordinated by (b)(7) recreational specialists. Board games and other games are offered in the housing units. Outdoor recreation opportunities are provided to detainees three hours per day. During the inspection, detainees were observed participating in outdoor recreation. A soccer tournament was being held between housing units. The outdoor recreation yard is approximately 75% the size of a regulation soccer field and is covered with artificial turf. The weather in the area where the facility is located lends itself to extended periods of time for outdoor recreational opportunities.

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### 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.	$\boxtimes$			Facility policy encourages detainee participation in religious services. Services are provided in the major languages spoken in the facility.
2.	Space is available for detainees to participate in religious services.	$\boxtimes$			Currently, religious services are held in the dining room. When the dining room is closed for remodeling, services will be held in the dayrooms of the housing units.
<ul><li>3.</li></ul>	The facility allows detainees to observe the major "holy days" of their religious faith.  List any exceptions.	$\boxtimes$			Observances of major holy days are allowed in the facility. There are no known exceptions.
4.	<ul> <li>The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions.</li> <li>Honoring fasting requirements.</li> <li>Facilitating religious services.</li> <li>Allowing activity restrictions.</li> </ul>	$\boxtimes$			The facility chaplains coordinate recognized holy day observances, working with food service staff to provide special meals and/or fasting requirements. The chaplains facilitate religious services.
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	$\boxtimes$			Detainees are allowed to possess religious items. This process is facilitated by the chaplains.  Exceptions are made only in the case where the possession of a religious item would inhibit the safe and secure operation of the facility.
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.				Credentials of religious volunteers are verified by the chaplain prior to the volunteer being allowed to work in the facility.
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.	$\boxtimes$			Detainees in Special Management Units are allowed to participate in religious practices consistent with security and safety concerns.
	RELIGIOUS	PRACT	TICES		
		andard	I □ N/A	ı	☐Repeat Finding

Chaplaincy services are provided by (0,0) Catholic nuns. The chaplains are well-versed in their responsibilities to provide religious programming for detainees as well as in the safety and security of the facility. During the inspection, the list of major holy days was reviewed and found to be broad and all-encompassing. The chaplains work closely with facility and food service staff to ensure the special religious needs of the detainee population are provided. The chaplains have a large contingent of approved religious volunteers who provide religious services to the detainee population.

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### PART 5 – 31. TELEPHONE ACCESS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	$\boxtimes$			The facility allows detainees access to telephones from 6 a.m. to 10:30 p.m. The facility also maintains a TTY device if needed or requested by a detainee.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	$\boxtimes$			Detainees are made aware of the telephone access policy during orientation.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	$\boxtimes$			The facility handbook explains the telephone policy.
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	$\boxtimes$			Access rules and updated consulate numbers are posted in all detainee living 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.	$\boxtimes$			The facility provides key information regarding telephones in English, Spanish, Mandarin, and Arabic.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	$\boxtimes$			Each living unit has at least three telephones, which meets the ratio of one telephone per 25 detainees. Telephones are also located in the recreation yard.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				Telephones are inspected daily by the housing unit officers and documentation is made in the housing log.
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.	$\boxtimes$			The facility immediately reports out-of-order telephones to Talton Communications.
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	$\boxtimes$			All out-of-order telephones are typically repaired within 24 hours.
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	$\boxtimes$			Detainees are placed in an interview room to make legal phone calls.
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$			The facility policy 5.4.3, Detainee Access to Telephones, explains the procedure to assist detainees having trouble placing confidential calls.
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	$\boxtimes$			

### PART 5 - 31. TELEPHONE ACCESS

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

providing them reasonable and equitable access to telephone services.							
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
14.	Special Access calls are at no charge to the detainees.	$\boxtimes$			The SIEA approves all special access calls, which are at no charge to the detainees.		
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			$\boxtimes$	The facility complies with the requirements of this component.		
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	$\boxtimes$					
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	$\boxtimes$					
18.	All telephone restrictions are documented.	$\boxtimes$			The facility has placed no detainees on telephone restriction for the past 12 months.		
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	$\boxtimes$			The facility policy 5.4.3, Detainee Telephone Access, explains the process regarding emergency calls.		
20.	Phone call messages are given to detainees as soon as possible.	$\boxtimes$			The facility verifies emergency calls and then delivers the message to the detainee as soon as possible.		
21.	Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$			Detainees are removed from the housing unit and placed in an interview room to return emergency phone calls.		
22.	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.						
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	$\boxtimes$					
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	$\boxtimes$					
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.	$\boxtimes$					

PART 5 – 31. TELEPHONE ACCESS					
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.					
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	$\boxtimes$			The OIG number was tested in Bravo Unit and the recreation yard and found to be working properly.	
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	$\boxtimes$				
PART 5 – 31. TEL	EPHON	IE ACCES	S		
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □Repeat Finding					

Detainees entering this facility are given a Personal Identification Number (PIN) number during orientation or may use their "A" number, which allows them access to the telephone system. Detainee family members may place money in detainee accounts by using a kiosk located in the lobby. Each housing unit and the recreation yard had operable telephones at the time of the inspection which afforded appropriate access for the detainees. The detainees also have the option of adding or deleting phone numbers while using the in-house phone system. The facility ensures that all emergency calls are verified and given to the detainee immediately. The detainee is then allowed to make an emergency phone call, as appropriate.

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### 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.	$\boxtimes$			The facility policy 5.4.4, Visitation, includes the visiting procedure, schedule, and hours for general visitation. The visiting rules, schedule, and hours of visitation are also listed in the detainee handbook.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	$\boxtimes$			Detainee visits are scheduled from 12:00 p m. to 7:00 p m. Monday through Friday; and 8:00 a.m. to 7:00 p m. on Saturday and Sunday.
3.	The visitation schedule and rules are available to the public.	$\boxtimes$			The visitation schedule and rules are available in writing and on the internet.
4.	The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$			The hours of visitation are posted in the facility front entrance and visiting room.
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 written copy of the visiting rules and hours of visitation is given to visitors upon entrance into the facility. Each visitor signs off on the rules acknowledging receipt. The rules and hours of visitation are available in English and Spanish.
6.	A general visitation log is maintained.	$\boxtimes$			A written log is maintained in the visiting room.
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.	$\boxtimes$			A visitor dress code is available in writing and is posted on the internet.
9.	Visitors are searched and identified according to standard requirements.	$\boxtimes$			The facility policy 3.1.18, Searches, explains the procedures for searching visitors.
10.	The requirement on visitation by minors is complied with.	$\boxtimes$			
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			$\boxtimes$	The facility allows minors to visit detainees.
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.				The facility allows minors to visit detainees.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	$\boxtimes$			The facility has had no visitor denials within the last 12 months.

### 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				
14. Detainees in special housing are afforded visitation				Detainees in special housing are afforded the same general visiting privileges as general population.				
<ol> <li>Legal visitation is available seven (7) days a wee including holidays.</li> </ol>				Legal visitation is available seven days a week, including holidays.				
<ol> <li>On regular business days legal visitation hours provided for a minimum of eight (8) hours per day and minimum of four hours per day on weekends are holidays.</li> </ol>	a 🖂							
17. On regular business days, detainees are given the option of continuing a meeting with a leg representative through a scheduled meal.				Detainees are provided a meal upon completion of the visit.				
18. Private consultation rooms are available for attorned meetings. There is a mechanism for the detainee are his/her representative to exchange documents.	, i							
19. There are written procedures governing detains searches.	ee 🖂			The facility policy 3.1.18, Searches, explains the procedures for detainee searches.				
20. Legal representatives and assistants are subject to non-intrusive search – such as a pat-down search the person or a search of the person's belongings - any time for the purpose of ascertaining the present of contraband.	of at ⊠							
<ol><li>Per the Standard, prior to each visit, legal service providers and assistants are identified.</li></ol>	ce 🖂							
22. The current list of pro bono legal organizations posted in the detainee housing areas and oth appropriate areas.				The current list of pro bono legal organizations is posted in all detainee housing areas.				
23. SPCs and CDFs shall submit written requests for tou from domestic or international organizations ar associated with detention issues to the appropria Field Office Director for approval.	nd			All requests for facility tours are submitted to the facility administrator. The request is then sent to ICE headquarters for approval.				
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	ne 🖂							
<ol> <li>Law enforcement officials, requesting to visit with detainee, are referred to the ICE Facility Administrat for approval.</li> </ol>								
<ol> <li>Former detainees or aliens in proceedings, requestir to visit with a detainee, are referred to the Facili Administrator or ICE Field Office.</li> </ol>								
PART 5 –	32. VISIT	ATION						

The facility has scheduled hours of visitation for all detainees which comply with the PBNDS. Detainees are given a handbook upon admission, which explains the facility rules for visitation. All general visits are non-contact. The visiting area affords appropriate space for the average daily population's scheduled visits. The facility has also developed procedures for legal, law enforcement and NGO visits. Procedures are also in place to permit visits by former detainees or aliens in proceedings that make a request to visit with a detainee.

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	PART 5 – 33. VOLUNTARY WORK PROGRAM							
nui leg (O:	This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.  Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.							
Ja	nu move to next section.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility has a voluntary work program.	$\boxtimes$			Detainees are allowed to participate in the voluntary work program.			
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	$\boxtimes$			Housing units were clean and sanitary at the time of the inspection.			
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.	$\boxtimes$			Detainee workers classified as Level 1 are allowed to work outside the facility under direct supervision of security staff. The facility houses only Level 1 and Level 2 detainees.			
4.	<ul> <li>Written procedures govern selection of detainees for the Voluntary Work Program.</li> <li>The same procedures apply for replacement workers as for "new" workers.</li> <li>Staff follow written procedures.</li> </ul>	$\boxtimes$			Facility policy contains specific procedures which govern the selection of detainees for the Volunteer Work Program.			
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.	$\boxtimes$			Detainees in the Voluntary Work Program work no more than 8 hours a day or 40 hours per week.			
7.	Detainee volunteers ordinarily work according to a fixed schedule.	$\boxtimes$						
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	$\boxtimes$						
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	$\boxtimes$						
10.	The voluntary work program meets:  OSHA standards  NFPA standards  ACA standards	$\boxtimes$						
11.	Medical staff screen and formally certifies detainee food service volunteers;  • Before the assignment begins  • As a matter of written procedure	$\boxtimes$			Screening is conducted by medical staff prior to a detainee's participation in the Voluntary Work Program which is mandated by policy.			

PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN	Λ	
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.  Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.					
Components    Meets Standard Neets Not Neets Nee					
12. Detainees receive safety equipment/ training sufficient for the assignment	$\boxtimes$			Documentation of training of detainees was reviewed during the inspection.	
13. Proper procedure is followed when an ICE detainee is injured on the job.	$\boxtimes$				
PART 5 – 33. VOLUNTARY WORK PROGRAM					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The facility utilizes detainees in the Voluntary Work Program. The detainees in the program go through medical screening prior to being allowed to work. Detainees receive appropriate training for the positions to which they are assigned. The documentation of the training of the detainees was reviewed during the inspection. It is noteworthy that the turnover of detainee workers is high due to the short length of stay in the facility. Regardless of this, facility staff ensures the requirements of medical screening and training of detainees prior to beginning a work assignment are accomplished. Detainees work 8 hours each day; no more than 40 hours per week; and are paid one dollar per day.

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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.

1. Th	Components  ne facility has a detainee handbook. Each detainee	Meets Standard	Does Not Meet Standard	N/A	Remarks  All detainees processed at the
red Na	ceives a copy of the local handbook and the ICE ational Detainee Handbook.				facility receive a copy of the ICE National Detainee Handbook. Detainees who are housed at the facility also receive a copy of the facility handbook.
tra by	ne detainee handbook is written in English and anslated into Spanish, and other languages spoken significant numbers of detainees in that facility.	$\boxtimes$			
	procedure for requesting interpretive services for sential communication has been developed.	$\boxtimes$			
ca	rientation materials are read to detainees who nnot read, or they are provided the material via idio or video recordings.	$\boxtimes$			
	ne handbook supplements the facility orientation deo where one is provided.	$\boxtimes$			The orientation video for the facility is played in the housing areas of the facility every day.
pro	ne handbook is revised as necessary and there are ocedures in place for immediately communicating by revisions to staff and detainees.	$\boxtimes$			
	nere is an annual review of the handbook by a signated committee or staff member.	$\boxtimes$			
•	Personal Items permitted to be retained by the detainee.  Initial issue of clothes, bedding and personal hygiene items.  How to access care.	$\boxtimes$			
	ne detainee handbook states in clear language basic tainee responsibilities.				
cla	ne handbook clearly outlines the methods for assification of detainees, explains each level, and plains the classification appeals process.	$\boxtimes$			
	ne handbook states when a medical examination will conducted.	$\boxtimes$			
da	ne handbook describes the facility, housing units, lyrooms, In-dorm activities and special management its.	$\boxtimes$			

### 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
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.	$\boxtimes$			
15. The handbook describes barber hours and hair cutting restrictions.	$\boxtimes$			
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	$\boxtimes$			
17. The handbook addresses religious programming.	$\boxtimes$			
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.	$\boxtimes$			
20. 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.	$\boxtimes$			
23. The handbook describes the facility contraband policy.	$\boxtimes$			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	$\boxtimes$			
25. The handbook describes the correspondence policy and procedures.	$\boxtimes$			
<ul> <li>26. The handbook describes the detainee disciplinary policy and procedures, including:</li> <li>Prohibited acts and severity scale sanctions.</li> <li>Time limits in the Disciplinary Process.</li> <li>Summary of Disciplinary Process.</li> </ul>	$\boxtimes$			

### 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.

detainees acknowledge receipt of those materials.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>27. The grievance section of the handbook explains all steps in the grievance process – Including:</li> <li>Informal (if used) and formal grievance procedures;</li> <li>The appeals process;</li> <li>In CDFs procedures for filing an appeal of a grievance with ICE.</li> <li>Staff/detainee availability to help during the grievance process.</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul>						
28. The handbook describes the medical sick call procedures for general population and segregation.						
<ul> <li>29. The handbook describes the facility recreation policy including:</li> <li>Outdoor recreation hours.</li> <li>Indoor recreation hours.</li> <li>In dorm leisure activities.</li> <li>Rules for television viewing.</li> </ul>	$\boxtimes$					
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	$\boxtimes$					
31. The handbook specifies the rights and responsibilities of all detainees.	$\boxtimes$					
32. Detainees are required to sign for the handbook to ensure accountability.	$\boxtimes$					
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	$\boxtimes$					
PART 6 - 34. DETA	AINEE I	HANDBOO	)K			

The facility's detainee handbook clearly provides an overview of the facility's operation to meet the requirements of this standard, and is available in English and Spanish. The handbook is easy to read. An orientation video which provides supplemental information is played in each housing area daily.

(b)(6), (b)(7)c March 24, 2011

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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.

the	they may 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 of the facility's formal and informal grievance system in the facility's detainee handbook.		
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	$\boxtimes$			During the admission process, detainees are provided a copy of the facility handbook.		
3.	<ul> <li>steps in the grievance process – Including:</li> <li>Informal and formal grievance procedures;</li> <li>The appeals process and step-by-step procedures;</li> <li>Staff/detainee availability to help during the grievance process</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Justice.</li> <li>How to file an emergency grievance.</li> </ul>						
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.						
	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.	$\boxtimes$			The grievance procedures at this facility allow the detainee access to the grievance committee. Detainees may seek help from other detainees or facility staff when preparing a grievance. Detainees who require special assistance will receive such assistance when necessary.		
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	$\boxtimes$			The facility's grievance policy addresses emergency grievances and how an emergency grievance is to be processed.		
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	$\boxtimes$			Facility staff receives training in the emergency grievance process and how to identify an emergency grievance.		
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	$\boxtimes$			Facility policy states staff will not mistreat a detainee for filing a grievance.		

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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		
<ul> <li>9. Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complains" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>				A Detainee Grievance Log is maintained at the facility and was reviewed during the inspection. The facility doesn't specifically identify nuisance complaints. However, all grievances are recorded. The AOD has the authority to place a detainee on restricted access if he is abusing the grievance system by filing frivolous grievances. All requirements of this component are met.		
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.	$\boxtimes$			Facility policy addresses "nuisance grievances" and how they will be processed. Only the Facility Administrator may determine a grievance as nuisance and will determine how a detainee writing nuisance grievances will be handled.		
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$					
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	$\boxtimes$					
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	$\boxtimes$					
<ul> <li>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.</li> <li>In all facilities written procedures cover detainee appeals and are included in the detainee handbook</li> </ul>	$\boxtimes$			Facility policy addresses the appeal process for a detainee who does not accept the grievance committee's decision.		
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	$\boxtimes$			The detainee is allowed five days after an incident or informal grievance outcome to file a formal grievance.		
PART 6 – 35. GRII	EVANC	E SYSTE	M			

The facility has a grievance policy. The grievance process is clearly defined in the handbook which all detainees receive. Detainees who need assistance in filing a grievance are allowed to obtain assistance from other detainees or staff. Staff training regarding the grievance system is provided to all staff during orientation and annually in refresher training. The grievance log is maintained in the Compliance Office of the facility.

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#### PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Does Not Meet Standard Meets Standard Components Remarks 1. The facility provides a designated law library for The facility law library is located in detainee use. a housing unit of the facility named $\times$ the Jail Complex. The facility library hours are from 9:00 a.m. to 9:00 p m. 2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. $\boxtimes$ In lieu of/or in addition to the physical law library. ICE detainees have access to the Lexus Nexus electronic law library. 3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility The facility has two LexisNexis provides detainees sufficient: computers in the law library. The Operable computers and printers, in sufficient $\boxtimes$ photocopier is not located in the law numbers in order to provide access library but detainees are given access to make copies upon request. Photocopiers, and Supplies for both. 4. The library contains a sufficient number of chairs, is The library has a sufficient number well lit and is reasonably isolated from noisy areas. $\boxtimes$ of chairs and tables, is well lit, and is isolated from noisy areas. 5. The law library is adequately equipped with The law library contains one typewriters, computers or both and has sufficient $\boxtimes$ typewriter, two computers and supplies for daily use by the detainees. sufficient supplies for detainees. 6. Detainees are provided with the means to save legal $\boxtimes$ work in a private electronic format for future use. The facility subscribes to updating services where applicable and legal materials requiring updates are $\boxtimes$ current. 8. Outside persons and organizations are permitted to submit published legal material for inclusion in the $\boxtimes$ legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion. 9. There is a designated ICE or facility employee who The facility has designated an SIEA inspects, updates, and maintain/replace legal material to maintain and update legal $\boxtimes$ and equipment on a routine basis. The designee material and equipment, including properly disposes outdated supplements and replaces updates to LexisNexis. damaged or missing material promptly. 10. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees $\boxtimes$ facing a court deadline are given priority use of the law library.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL						
This Detention Standard protects detainees' rights by ensu	uring the	eir access	to cou	irts, counsel, 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.	$\boxtimes$					
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$			The facility allows detainees to assist other detainees in researching and preparing legal documents, at no charge, consistent with security procedures.		
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	$\boxtimes$					
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	$\boxtimes$			All excess legal property is maintained in a secure property room. Detainees that have submitted a written request receive their stored legal materials within 24 hours.		
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	$\boxtimes$			Detainees housed in the SMU have the same law library access as general population.		
16. All denials of access to the law library fully documented.	$\boxtimes$			The facility has had no law library denials within the last 12 months.		
<ol> <li>Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.</li> </ol>	$\boxtimes$					
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	$\boxtimes$					
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	$\boxtimes$			Indigent detainees are allowed to mail out legal material upon request.		
PART 6 – 36. LAW LIBRARI	ES ANI	D LEGAL	MATE	RIAL		

All of the LexisNexis computers are functioning properly and have been updated to remain current. The law library has sufficient equipment and supplies for use by the detainees. The facility maintains appropriate storage space for excess legal material and allows the detainee to obtain the material upon request.

There were no detainees using the law library during the inspection.

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

PART 6 - 37. LEGAL RIGHTS	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		
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.						
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.						
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request						
15. The facility maintains equipment for viewing approved electronically formatted presentations.						
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
temarks: (Record significant facts, observations, other sources used, etc.)						

Remarks: (Record significant facts, observations, other sources used, etc.) The facility has had no Legal Rights Group Presentations within the last 12 months.

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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.

booked into a facility for more than 24 hours a file of all significant information about that person.						
	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks	
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				The facility creates detention files during the intake process.	
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$			A review of 25 active detention files found forms generated during the admissions process.	
3.	The detainee's Detention File also contains documents generated during the detainee's custody.					
	<ul> <li>Special requests</li> <li>Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay</li> <li>Disciplinary forms/Segregation forms</li> <li>Grievances, complaints, and the disposition(s) of same</li> </ul>					
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	$\boxtimes$			The detention files are located in the property room in a secured and lockable cabinet. Only the assigned Asset Contractual Staff and ICE Supervisors are allowed access to detention files.	
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	$\boxtimes$				
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	$\boxtimes$			A review of 25 inactive files found that all had a notation that the file was complete and ready to be archived.	
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	$\boxtimes$				
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	$\boxtimes$				
9.	Electronic record-keeping systems and data are protected from unauthorized access.			$\boxtimes$	The facility has no electronic record-keeping systems used to maintain detention files.	

This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	$\boxtimes$			
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.			$\boxtimes$	The facility keeps no electronic detention files.
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 processing area maintains appropriate equipment and supplies to handle the volume of work at the facility.
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 facility does not purge archived files.
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. DETENTION FILES				

PART 7 – 38. DETENTION FILES

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

The facility creates a file on each new arrival and maintains those files in a secure room within a locked cabinet. All of the detention files reviewed contained appropriate documentation.

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PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS					
This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.					
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks	
<ol> <li>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.</li> </ol>	$\boxtimes$			Facility policy 1.1.9, News Media Interviews and Tours, addresses the procedures for handling news media.	
2. 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.	$\boxtimes$				
3. 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.	$\boxtimes$				
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.				Facility policy 1.1.9, News Media Interviews and Tours, addresses procedures for obtaining release forms.	
<ul> <li>5. All press pools are organized `according to the procedures in the Detention Standard.</li> <li>A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action.</li> <li>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.</li> <li>All material generated from such a press pool is made available to all news media, without right of first publication or broadcast.</li> </ul>	$\boxtimes$				
PART 7 - 39. NEWS MEDIA	INTER	VIEWS AN	ND TO	URS	

The facility has had several media tours within the last 12 months. However, no detainee interviews by media occurred.

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	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.	$\boxtimes$			The facility conducts orientation as well as on-going annual refresher 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 training staff at the facility has completed the 80-hour Law Enforcement Instructor Training Program.
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	$\boxtimes$			The facility maintains a training plan that is reviewed and approved by the facility administrator.
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.	$\boxtimes$			Two systems are utilized to maintain the training records of staff. One is an on-line automated system, and the other is a paper file system.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>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: <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Drug-free Workplace</li> <li>Health-related emergencies</li> <li>Signs of Suicide risk and precautions</li> <li>Suicide prevention and intervention</li> <li>Hunger strikes</li> <li>Use of Force</li> <li>Keys and Locks</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>Orientation and training on detainee handbook and detainee rights.</li> <li>Requirement of special-needs detainees.</li> <li>National Detention Standards</li> </ul> </li> </ul>				New employees, contractors and volunteers are provided orientation training which meets the requirements of this component.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>7. Clerical/support employees who have minimal detainee contact receive a minimum of: <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>National Detention Standards.</li> <li>Key and Lock Control.</li> <li>Suicide risk and prevention.</li> </ul> </li> </ul>				Clerical and support staff receive training which meets the requirements of this component. At this facility, clerical and support staff receive the same training as employees who have regular contact with detainees.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum:  • Security procedures and regulations  • Code of Ethics  • Health-related emergencies  • Drug-free workplace  • Supervision of detainees  • Signs of suicide risk and hunger strike  • Suicide precautions  • Use-of-force regulations and tactics  • Report writing  • Detainee rules and regulations  • Key control  • Rights and responsibilities of detainees  • Safety procedures  • Emergency plan and procedures  • Interpersonal relations  • Social/cultural lifestyles of the detainee population  • Cultural diversity/understanding staff & detainees  • Communication skills  • Cardiopulmonary resuscitation (CPR)/First aid  • Counseling techniques  • Sexual harassment/sexual misconduct awareness.  • National Detention Standards.				Professional and support staff at this facility are provided training which meets the requirements of this component. Refresher training covering these required areas is completed annually.  Documentation of the training is maintained at the facility.

requiring that they receive initial and origining remember that making.					
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
<ul> <li>9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: <ul> <li>The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations</li> <li>Key control; appropriate conduct with detainees</li> <li>Responsibilities and rights of employees</li> <li>Standard precautions</li> <li>Occupational exposure</li> <li>Personal protective equipment</li> <li>Bio-hazardous waste disposal</li> <li>Overview of the detention operations.</li> <li>National Detention Standards.</li> <li>Medical grievance procedures and protocol.</li> <li>Requirement for special needs detainees.</li> <li>Code of Ethics</li> <li>Drug free workplace</li> <li>Hostage situations and staff conduct if taken hostage.</li> </ul> </li> </ul>				Facility health care employees receive 40 hours of formal training which meet the requirements of this component. Training documentation is maintained at the facility.	

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: <ul> <li>Security procedures and regulations</li> <li>Supervision of detainees</li> <li>Searches of detainees, housing units, and work areas</li> <li>Signs of suicide risk, precaution, prevention and intervention.</li> <li>Code of Ethics</li> <li>Health-related emergencies</li> <li>Drug-free workplace</li> <li>Suicide precautions</li> <li>Self-defense techniques</li> <li>Use-of-force regulations and tactics</li> <li>Report writing</li> <li>Detainee rules and regulations</li> <li>Key control</li> <li>Rights and responsibilities of detainees</li> <li>Safety procedures</li> <li>Emergency plans and procedures</li> <li>Interpersonal relations</li> <li>Social/cultural lifestyles of the detainee population</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Communication skills</li> <li>Cardiopulmonary resuscitation (CPR)/first aid</li> <li>Counseling techniques</li> <li>Sexual abuse/assault awareness</li> <li>National Detention Standards.</li> </ul> </li> </ul>				Security contractor personnel receive training which meets the requirements of this component. The security contractor maintains the training files of security personnel at the facility. Documentation of training, as well as the curriculum for the training, was reviewed during the inspection.
<ul><li>11. Situation Response Teams (SRTs) receive:</li><li>Specialized training before undertaking their assignments.</li></ul>				Situation Response Team members are provided basic training at Fort Benning, Georgia.
<ul><li>12. Facility management and supervisory staff receive:</li><li>Management and Supervisory training</li></ul>	$\boxtimes$			
13. <b>(MANDATORY)</b> 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.	$\boxtimes$			Personnel authorized to use firearms receive required training prior to being assigned to a post involving the possible use of a firearm.
14. <b>(MANDATORY)</b> All personnel authorized to use firearms demonstrate competency in their use at least annually.	$\boxtimes$			Personnel authorized to use firearms must demonstrate competency in their use annually.

requiring that they receive initial and ongoing refresher tra	ıg.			
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
15. <b>(MANDATORY)</b> Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	$\boxtimes$			ICE Situation Response Team personnel are adequately trained in the use of chemical agents and are the only staff at the facility that is authorized to enter the facility with chemical agents.
All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are:      Staff contractors and volunteers prohibited from:				All Co. The send of CC
<ul><li>Staff, contractors, and volunteers prohibited from:</li><li>Using illegal drugs.</li></ul>				All facility and contract staff receive training regarding the drug-
<ul> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> </ul>	$\boxtimes$			free workplace program. The content of the training complies with the requirements of this
Procedures to be used to ensure compliance.				component.
<ul> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> </ul>				
<ul> <li>Penalties for violation of the policy.</li> </ul>				
17. New staff are 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.	$\boxtimes$			Documentation of this training as well as the staff acknowledgement are maintained in the employee's personnel file.
18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics.				
Typical contents are:				
Staff, contractors, and volunteers prohibited from:     **Text				A11
<ul> <li>Using their official positions to secure privileges for themselves or others.</li> </ul>				All staff is trained in the facility's code of ethics during orientation training as well as annual refresher training. The curriculum addresses the requirements of this component.
<ul> <li>Engaging in activities that constitute a conflict of interest.</li> </ul>				
<ul> <li>Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family.</li> </ul>				
<ul> <li>Acceptable behavior in the areas of campaigning, lobbying or political activities.</li> </ul>				
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.				A copy of signed the acknowledgement is maintained in the employees personnel file.

requiring that they receive initial and origining remember training.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
tr irr irr	MANDATORY) All staff in frequent contact with etainees is trained at least annually to respond to ealth-related emergencies within four minutes. The raining 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.				Facility policy requires all staff be trained to respond to health-related emergencies within four minutes. All staff is trained in the areas identified in this component. In addition, medical staff provides first responder services to health-related emergencies and are on duty 24 hours a day. Medical staff also provides training to staff in health-related emergency situations.	
a A	all staff in frequent contact with detainees are trained to 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.					
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requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>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: <ul> <li>Identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Communication between correctional and health care personnel,</li> <li>Referral procedures,</li> <li>Housing observation and suicide-watch level procedures, and</li> <li>Follow-up monitoring of detainees who have attempted suicide.</li> </ul> </li></ul>				Documentation for Suicide Prevention and Intervention training is maintained in the employee's personnel file. The curriculum addresses all of the requirements of this component.		
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	$\boxtimes$					
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	$\boxtimes$					
25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:  • The requirements of this Detention Standard • The use of force continuum • Communication techniques • Cultural diversity • Dealing with the mentally ill • Confrontation-avoidance techniques • Approved methods of self-defense • Force cell-move techniques • Communicable diseases, particularly precautions to be taken for use of force • Application of restraints (progressive and hard) • Reporting procedures.						

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	$\boxtimes$			Continuing education opportunities and professional development are available to facility staff.
PART 7 – 40. STAFF TRAINING				

New employee orientation training, new employee basic training and annual refresher training are provided at the facility. All of the required topics identified in this standard are addressed in the training curriculums. It is noteworthy that the facility has chosen to train all facility employees based on their regular contact with detainees. Firearms training is provided by a certified instructor assigned to the facility. Chemical agents are not allowed in the facility unless they are brought in by the Situation Response Team (SRT). All members of the SRT are specially trained in the use of chemical agents. All staff is trained in the four-minute response process to health-related emergencies.

(b)(6), (b)(7)c March 24, 2011 Reviewer's Signature / Date

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### 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 & & & & & & & & & & & & & & & & & & &	Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.</li> <li>The notification is recorded in the detainee's file</li> <li>When the A-File is not available, notification is noted within ENFORCE.</li> </ol>	$\boxtimes$			Detainee transfers are managed in accordance with facility policy 3.1.12, Detainee Transfers. The Deportation Officer in charge makes notification to legal counsel or representative. The facility complies with all requirements of this component.
Notification includes the reason for the transfer and the location of the new facility,	$\boxtimes$			All transfer notifications include the reason for the transfer and location of the new facility. Transfer reports were located and reviewed in the detention files.
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.	$\boxtimes$			
The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.	$\boxtimes$			The facility policy 3.1.12, Detainee Transfers, addresses that the times and transfer plans not to be discussed with detainees; not notifying a detainee until immediately prior to departing the facility; and not allowing the detainee to make phone calls or have contact with general population detainees.
6. The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			Detainees being transferred from this facility are provided a Detainee Transfer Notification Form.
7. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$			

### **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		
<ul> <li>8. For medical transfers:</li> <li>The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.</li> <li>Medical transfers are coordinated through the local ICE/DRO office.</li> <li>A medical transfer summary is completed and accompanies the detainee.</li> <li>Detainee is issued a minimum of 7 days worth of prescription medications.</li> </ul>	$\boxtimes$					
<ol> <li>Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.</li> </ol>						
10. For medical transfers, transporting officers receive instructions regarding medical issues.	$\boxtimes$					
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.						
12. Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$					
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.						
14. Meals are provided when transfers occur during normally schedule meal times.	$\boxtimes$			All meals for transfers are prepared by the facility.		
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or suboffice.						
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						
	andard	□ N/A		☐Repeat Finding		

Detainees being transferred from this facility are provided with a completed Detainee Transfer Form. A form G-391, transfer authorization form, was contained in the file of each detainee who was transferred.

The facility includes a medical transfer summary and a minimum of seven days worth of prescription medications, when necessary. Transportation staff receives instructions regarding medical issues for medical transfers. If the transfer is during scheduled meal times, meals are provided.

(b)(6), (b)(7)c / March 24, 2011 Reviewer's Signature / Date