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



MEMORANDUM FOR:

Kenneth L. Langrebe

Field Office Director Houston Field Office

FROM:

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

Assistant Director for Detention and Kemoval Management

SUBJECT:

Houston Processing Center Annual Review

The annual review of the Houston Processing Center conducted on January 18-20, 2011, in Houston, Texas has been received. A final rating of <u>Meets Standards</u> has been assigned. No further action is required and this review is closed.

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

- 1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility **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 January 18, 2012.

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

cc:	Offi	cial File	
	ICE	(b)(6), (b)(7)c	/22/2011
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Condition of Confinement Inspection Worksheet

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



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

5-11-09 update

intergovernmental Service Agreement (IGSA)
☐ ICE Service Processing Center (SPC)
☐ ICE Contract Detention Facility (CDF)
is a seminate demination of the semination of th
Name
Houston Processing Center
Address (Street and Name)
15850 Export Plaza Dr.
City, State and Zip Code
Houston, Texas 77032
County
Harris
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator)
Robert Lacy, Jr., Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c LCI, MGT of America
Date[s] of Review
From 1/18/2011 to 1/20/2011
Type of Review

Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

Not Meet Standards".

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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Performance-Based National Detention Standards

Section I SAFETY

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

PART 1	-1.	EMERG	ENCY	PL/	ANS
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This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			Policy precludes a detainee from exercising control over other detainees.
2.	Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees				Policy 14-4, Inmate/Resident Legal Rights, addresses these requirements. The handbook also reiterates the same protections for detainees.
3. •	Staff are trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			Annual training is provided for all staff regarding detainee management and related issues.
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				
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			The training is required by policy and is included in the training schedules for orientation and annual training.
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			There is an alternative route identified in policy.
9.	 The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 				Policy 8-1 addresses these issues adequately.
10.	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	\boxtimes			The facility uses an Incident Management Team approach that includes general guidelines as well as specific plans.
11.	Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			

PART 1 – 1. EMERGENCY PLANS This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies 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.						
14. All staff receive copies of the Facility Hostage policy and procedures.	\boxtimes			Training is provided and the policy is available for all staff on the facility's computer system via the share drive.		
15. Staff are trained (b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				The policy used for training indicates that (b)(7)e Medical and psychological screenings are		

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

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16. The facility maintains a list of translator services in the

17. Emergency plans include emergency medical

18. The Food Service Department maintains at least 3-days' worth of emergency meals for staff and

19. Written plans illustrate locations of shut-off valves and

20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited

switches for utilities (water, gas, electric).

treatment for staff and detainees during and after an

event one is needed during a hostage crisis.

incident.

detainees.

supervisory review.

conducted, as required.

these services.

The facility uses a "language line" for

Appendix D of policy 8-1 identifies

the location of utility control points.

Policy restricts access to this plan.

PART 1 – 1. EME	RGEN	CY PLANS)	
This Detention Standard ensures a safe environment for diplans to quickly and effectively respond to any emergency				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances				All required plans are included in facility policy 8-1, Emergency Response, section A.
 The Emergency Plans specify a procedure for post- emergency debriefings and discussions. 				
PART 1 – 1. EME	RGEN	CY PLANS		
☑ Meets Standard ☐ Does Not Meet St	andard	□ N/A	١	Repeat Finding
Remarks: (Record significant facts, observations, other sour. The Incident Management Team approach set out in policy is comp. Emergency Plans. b)(6), (b)(7)c January 20. Reviewer's Signature			des all	aspects required by the PBNDS for

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				All chemicals and hazardous materials are stored in secure locations with individual perpetual inventories.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.				
3.	 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			The facility safety manager maintains a master file of all MSDSs, including a facility diagram and legend. The MSDSs are located in all work areas.
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.				Personal protective equipment is readily available.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 				
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			
9.	All toxic and caustic materials stored in their original containers in a secure area.				
10.	Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.				

PART 1 – 2. EN'		

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	Products that contain methyl alcohol are not utilized at this facility.
 Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal. 				The detainee and employee training files were reviewed and are compliant with hazardous materials/hazardous communication training.
 (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). 				The facility complies with NFPA and OSHA regulations.
A technically qualified staff member conducts fire and safety inspections.				The facility safety manager conducts and documents all fire and safety inspections.
The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.				
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The plan is contained in facility policy 8-7, Fire Prevention and Control, and is approved on a yearly basis by the Houston Fire Department.
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 	\boxtimes			
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	\boxtimes			The facility has a yearly fire drill schedule that includes all areas of the facility. The Houston Fire Department approves it. All drills are documented and kept on file.
19. A sanitation program covers barbering operations.				
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.				

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.							
21. The sanitation standards are conspicuously posted in the barbershop.							
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.				The written procedure is contained in facility policy 13-41, Hazardous Materials and Waste Management.			
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.				The facility medical staff inventories all needles, scalpels, and suture kits at the start of every shift.			
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 							
25. Spill kits are readily available.				The medical department maintains all spill kits and they are available on a 24-hour basis.			
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility has a contract with Stericycle for bio-hazardous waste disposal.			
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes						
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes						
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			The facility has a contract with Orkin Pest Control for monthly pest control inspections and preventive spraying.			
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				The facility has on file a current certificate documenting the testing of water and wastewater provided by the City of Houston Department of Public Works and Engineering.			
31. Emergency power generators are tested at least every							

two weeks. The emergency generator is tested on Other emergency systems and equipment receive a weekly basis for one hour, and is \boxtimes testing at least quarterly. load tested on a quarterly basis. Any corrective action needed is initiated. Testing is followed-up with timely corrective actions (repairs and replacements). 32. The Facility appears clean and well maintained. \boxtimes

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY							
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and							
equipment.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.							
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes						
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.							
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.							
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.							
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 							
PART 1 – 2. ENVIRONMEN	TAL HE	ALTH AN	D SAF	ETY			

☐ Does Not Meet Standard

□ N/A

☐ Repeat Finding

The facility has a contract with Casteel Automatic Fire Protection Company for the required annual fire sprinkler inspection. The Fire Safe Protection Services Company provides the required fire alarm inspections. All department heads perform weekly fire/safety inspections of their respective areas. The shift supervisors complete the fire/safety inspections of all other areas. The facility safety manager reviews the inspections. The medical department maintains blood and body fluid spill kits and its staff is responsible for the clean up, and decontamination of all spills. During the inspection, a broken wall thermostat with exposed wiring was found in the admissions area. The maintenance department immediately repaired the thermostat. Based on a review of documents, staff and detainee interviews, and of

detainee interviews, and of Environmental Health and

Reviewer's Signature / [

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	PART 1 – 3. TRANSPORTATION (BY LAND)							
eq	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.							
co	Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			No exceptions were found in the individual driver's records.			
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	\boxtimes			A review of individual vehicle records indicated that all licenses were current.			
3.	Supervisors maintain records for each vehicle operated.	\boxtimes			The maintenance supervisor keeps these records.			
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes			A review of files indicated compliance.			
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	\boxtimes						
6.	 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 	\boxtimes			Checklists are in each vehicle and the completed forms are maintained in individual vehicle files.			
	 Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area—exceeding the 10-hour limit. (b)(7)eofficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there are b)(7) qualified officers per vehicle. An unaccompanied driver transports an empty vehicle. 				The facility policy is consistent with the Department of Transportation requirements which comply with the requirements of this component.			
9.	The transporting officer inspects the vehicle before the start of each detail.				Inspection forms are kept in each vehicle.			

PART 1 – 3. TRANSPORTATION (BY LAND)							
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.							
☐ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 Positive identification of all detainees being transported is confirmed. 				ICE and transportation staff both verify the identity of each detainee.			
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.				Transportation staff performs pat searches.			
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes			Each vehicle has a designated number of occupants.			
13. (b)(7)e				(b)(7)e			
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 							
 Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles. 							
16. Officers ensure that no one contacts the detainees. •(b)(6), (b)(7)fficer remains in the vehicle at all times when detainees are present.				Post orders and policy require the officers to follow these procedures.			
 Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 				Local travel does not require any meals. If a longer trip is needed, Transcor, a contract carrier, will be used. Any food items provided meet minimum dietary standards.			
 18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 	\boxtimes			Generally, meals are not needed for local transportation. All vehicles are cleaned and sanitized weekly as indicated by the records reviewed.			

This Detention Standard prevents harm to the general public equipped, maintained, and operated and that detainees are supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation control of the detainee case. Components 19. Vehicles have:	e transp	orted in a s	secure,	e, safe and humane manner, under the
control of the detainee case. Components				he ICE Field Office or Sub-Office in
	Meets Standard	es Not Meet andard		
19. Vehicles have: • •	+	St. D	NA	Remarks
•	1		+	
• (b)(7)e				(b)(7)e
20. The vehicles are clean and sanitary at all times.				An inspection of b)(7) rehicles and a review of records found (b)(7)e vehicles to be sanitary and cleaned regularly.
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 				Policy and observation of the process indicates that all property is inventoried, inspected, and goes with the detainee.
 22. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list is not exclusively men or women or minors 				All written procedures are outlined in policy and available for staff use in each vehicle.
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)	
manus de la	***************************************	<u></u>	*********************************	<u> </u>

Facility Policy 9-18, Transportation Procedures, effectively covers the requirements of the standard. An interview with the Transportation Supervisor and a review of both vehicle and driver files indicates that the facility meets the requirements of the PBNDS for Transportation (By Land).

(b)(6), (b)(7)c January 20, 2011 Reviewer's Signature / Date

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

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	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				A handbook is provided to all detainees, and a video presentation including all required orientation information is provided in the hold rooms and in the units.	
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.				DIHS staff performs the screenings.	
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.				ICE provides the information used to classify detainees. All detainees are isolated from general population until properly classified and medically cleared. The orientation occurs in the Admission area during intake.	
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.					
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes			Facility policy 9-5, Searches of Inmates and Various Locations, requires facts and reasonable suspicion, as well as supervisory approval, before a strip search may be conducted. The ICE G-1025 Form is used for documentation.	
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.				Policy 9-6, Contraband Control, addresses the issue of property searches. Each detainee receives a copy or receipt for all property stored. Any identity documents are given directly to ICE staff at the facility.	
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.				The facility uses a local form to document any lost or missing property claims.	
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.					

PART 2 – 4. ADMISS				
This Detention Standard protects the community, detained orderly operations when detaineds are admitted to or release	s, staff	, volunteer	s, and	contractors by ensuring secure and
Components	Meets	Does Not Meet Standard	N/A	Remarks
All releases are coordinated with ICE.				ICE will provide a form I-203 for a detainee's release.
Staff complete paperwork/forms for release as required.				
11. Each detainee receives a receipt for personal property secured by the facility.	\boxtimes			Each detainee signs the personal property receipt forms upon admission and when released.
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.				Detention records are created on-line using the Inmate Management System.
 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			An interview with local ICE staff indicated that they enter information into EADM after they verify the detainee's release from the facility.
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.				Orientation material is provided in English and Spanish.
PART 2 – 4. ADMISS	ION AM	ID RELEA	SE	
	ındard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other source interviews with supervisory staff in the Admission and Release Unit rocedures and a review of relevant procedures and documents indicadmission and Release (b)(6), (b)(7)c January Reviewer's Signati	Occurre	d A review	v of Po ets the	licy 17-100, Admission/Orientation requirements of the PBNDS for

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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 ICE classification system.
2.	 The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 				An interview with the classification supervisor and a review of policy found compliance.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				ICE provides an I-213 and an I-203 as well as I-831s to properly identify and classify a detainee.
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.				Only factual information provided by ICE is used.
5.	Housing assignments are based on classification-level.				Housing units are arranged by classification level (level 1, level 2, or level 3) and not intermixed.
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			Recreation is unit-based.
7. 	Detainee work assignments are based upon classification designations.				Level 3 detainees cannot work outside the housing unit.
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			
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.				Appeals regarding classification levels are routed to the classification supervisor.
	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.				
	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	\boxtimes			The warden makes the final decision on appeals.

PART 2 – 5. CLASS			1.0	
This Detention Standard protects the detainees, staff, co- contributes to orderly facility operations, by requiring a f detainees that is based on verifiable and documented data	ormal o	rs, volunte classificatio	ers, a on pro	nd the community from harm, and cess for managing and separating
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes			
13. 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.				The facility has adopted the ICE color-coded uniforms and IDs policy.
PART 2 – 5. CLASS	IFICAT	ON SYST	EM	
☑ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sour facility Policy 18-2, Classification and Inmate/Resident Managemetrocesses observed meets the requirements of the PBNDS for Clasto)(6), (b)(7)c January 20, 20 (b)(6), (b)(7)c Reviewer's Signature / D	ent, is wr	itten to mirr	or the	ICE classification system. The facility

	PART 2 – 6. CONTRABAND						
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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.				Policy 9-6, Contraband Control, provides guidelines for the handling and disposal of contraband at the facility.		
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.						
4.	Altered property is destroyed following documentation and using established procedures.						
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes			The facility chaplain reviews property-related issues pertaining to religious items.		
6.	Staff follow written procedures when destroying hard contraband that is illegal.	\boxtimes			A review of the contraband logbook and disposition notations of contraband confirms compliance.		
7.	 Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 				Hard contraband that is illegal is not retained or used for training purposes at the facility. Soft contraband is mailed to a third party or stored at the facility.		
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.						
9.	Facilities with Canine Units only use them for contraband detection.				The facility does not have a Canine Unit.		
	PART 2 – 6. C	ONTRA	BAND	- A			
	☑ Meets Standard ☐ Does Not Meet Sta	ndard	□ N/A		☐Repeat Finding		

The facility policy 9-6, Contraband Control, provides written procedures and guidelines for the handling and disposition of contraband.

Observation of staff practices and a review of related contraband logs and the process meets the requirements of the PBNDS for

Contraband.

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

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

	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.							
2.	At least one male and one female staff are on duty where both males and females are housed.	\boxtimes						
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes						
4.	Essential posts and positions are filled with qualified personnel.	\boxtimes			Training files were reviewed and supported qualifications of staff.			
5.	Every Control Center officer receives specialized training.	\boxtimes						
6.	Policy restricts staff access to the Control Center.				-			
7.	Detainees do not have access to the Control Center.	\boxtimes						
8.	Communications are centralized in the Control Center.							
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.				The facility has two Control Centers. (b)(7)e			
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 petween 6 PM and 6 AM.	\boxtimes			Policy requires (b)(7)e checks between 6 p.m. and 6 a.m.			
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes						
14.	The front-entrance officer checks the ID of everyone entering or exiting the facility.		\boxtimes		ICE staff enters through an adjacent side door and are identified before entry by way of a video camera and intercom system by Master Control staff. They are then required to sign a logbook located inside the door. A review of logbook indicated several lines with incomplete exit/entry information.			
15.	All visits officially recorded in a visitor logbook or electronically recorded.							
16.	The facility has a secure, color-coded visitor pass system.							

PART 2 – 7. FACILITY SI							
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			
 Officers monitor all vehicular traffic entering and leaving the facility. 							
 18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number 				A review of logs was found to contain all elements addressed in this component.			
Name of employee responsible for the vehicle during the facility visit							
 Officers thoroughly search each vehicle entering and leaving the facility. 	\boxtimes			Visual observation of the rear gate area indicates vehicles are searched.			
 The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components. 							
The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes						
 The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization. 	\boxtimes			(b)(7)e			
23. Written procedures govern searches of detainee housing units and personal areas.							
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.							
26. There are post orders for every security officer post.	\boxtimes			Post orders were reviewed for all security officer posts.			
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes						
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes						
29. Every search of the SMU and other housing units is documented.	\boxtimes						
30. The SMU entrance has a sallyport.	\boxtimes						

PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, confacility security is maintained and that events that pose a ris	tractors sk of ha	, volunteer rm are pre	s, and evented	detainees from harm by ensuring that d.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.					
32. The facility has a comprehensive security inspection policy. The policy specifies:					
Posts to be inspected	. '			Policy 9-7, Security Inspections,	
 Required inspection forms 				provides written guidelines and procedures for the facility's	
 Frequency of inspections 			🗀	inspection program. All elements of	
 Guidelines for checking security features 				this component are included in	
 Procedures for reporting weak spots, in- consistencies, and other areas needing improvement 				policy.	
 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.					
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.					
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes				
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.					
 Walls, fences, and exits, including exterior windows, are inspected for defects once each shift. 					
39. Daily procedures include:					
 Perimeter alarm system tests. 					
 Physical checks of the perimeter fence. 					
Documenting the results.					
40. Visitation areas receive frequent, irregular inspections.					
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.					
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.				A review of documented log sheets reveal searches are performed daily and routinely at the facility to include the perimeter fence and roof.	
FACILITY SECURIT	ry and	CONTRO)L		

A review of written policy 9-7, Security Inspections; examination of inspection documents; observation of staff practices; and interviews during the audit suggest that the facility meets the requirements of the PBNDS for Facility Security and Control.

It is noted that although the front entrance officer physically checks the identification of all persons entering that area, ICE staff that operate in an adjacent building to the facility enter through a side door. Identification of ICE staff entering the side door is made by way of a surveillance camera and audio voice announcement through an intercom to Master Control staff, who then open the door. A logbook is maintained inside this door for ICE staff to sign, but a review of this log revealed several incomplete entries regarding the entry and exit of ICE staff.

(b)(6), (b)(7)c / January 2

Reviewer's Signature / D

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

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
incl faci	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled						
onl	y by the ICE Field Office or Sub-Office in control of	the det	ainee cas	e.			
	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.				Policy 14-6, Inmate/Resident Property, addresses these requirements.		
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					
4.	(b)(7)e officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)e officers verify funds and valuables.				A review of documents reveals that (b)(7) officers are present and sign the appropriate forms and deposit funds into a safe for retrieval by accounting staff.		
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?						
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.						
7.	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes					
8.	Staff search arriving detainees and their personal property for contraband.						
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.						
	Staff follow written procedures when returning property to detainees.						
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes					
12.	 The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 		\boxtimes		The facility does not attempt to notify an out-processed detainee of property left behind. However, the facility does forward all property left at the facility to ICE personnel for further disposition.		

	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.							
onl	☐ Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Staff obtain a forwarding address from each detainee.	\boxtimes					
	It is standard procedure for $(b)(7)$ officers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes					
15.	Staff issue and maintain property receipts (G-589s) in numerical order.						
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.						
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.						
18.	Staff tag large valuables with both a G-589 and an I-77.						
19.	The supervisor verifies the accuracy of every G-589.						
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. 						
	 All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 						
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.				Containers are tagged with a completed I-77.		
22.	Staff secure every container used to store property with a tamper-proof numbered strap.						
23.	A logbook records detainee name, A-number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.						
24.	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.						
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			Quarterly inspection reports were on file.		
26.	The facility positively identifies every detainee being released or transferred.						

PART 2 - 8. FUNDS AND	PERS	ONAL PRO	PERT	ΓΥ
This Detention Standard ensures that detainees' personal including funds, valuables, baggage and other personnel pfacility. Standard NA: (IGSA ONLY) Check this box if all ICE only by the ICE Field Office or Sub-Office in control of	oroperty E detair	, and that nee Funds	contra , Valu a	band does not enter a detention
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed. 				
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.				
PART 2 - 8. FUNDS AND	PERS	ONAL PRO	PERT	Y
	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other south A review of the facility's policy, observation of staff practices, review support that the facility meets the requirements of the PBNDS for Facility (b)(6), (b)(7)c January 20 Reviewer's Signature / Da (b)(6), (b)(7)c	w of rel	ated docume	ents, an	d interviews with appropriate staff, y.

-	PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
	This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The hold room is situated in a location within the secure perimeter.				Policy 9-114, Hold Rooms, provides written procedures for the operation of hold rooms at this facility.	
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes				
3.	The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes				
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes				
5.	Hold room walls and ceilings are escape and tamper resistant.					
6.	Detainees are not held in hold rooms for more than 12 hours.	\boxtimes				
7.	Male and females detainees are segregated from each other at all times.					
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes				
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	\boxtimes			Hold rooms include toilet facilities.	
10	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.					
11.	 When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 					
12.	(MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.				Policy 8-7, Fire Prevention and Control, provides written guidelines for the evacuation of detainees from hold rooms. An evacuation floor plan is visibly posted in the hold room area.	
13.	An appropriate emergency service is called immediately upon a determination that a medical	\boxtimes				

emergency exists.

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.

		ts	Not st ard		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14	 Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	×			
15	 In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 	\boxtimes			
16.	In SPCs designed after 1998 the hold rooms have floor drain(s).	\boxtimes			
17.	In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	\boxtimes			
18.	Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.			\boxtimes	Family units, persons of advanced age, females with children, and unaccompanied juveniles are not held at this facility. Persons of an advanced age would not be placed in a hold room, if transferred to this facility.
19.	Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.			\boxtimes	Minors are not held at this facility.
20.	Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard.				
21.	Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody				Meals are provided if a detainee is detained in a hold room for more than six hours. Juveniles and babies are not held at this facility. Pregnant women have access to snacks, milk, or juice.
22.	Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.				

PART 2 – 9. HOLD ROOMS	IN DE	TENTION I	FACIL	ITIES		
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
23. The maximum occupancy for the hold room will be posted.	\boxtimes					
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.						
25. Staff does not permit detainees to smoke in a hold room.						
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.				A review of log sheets posted on the outside of the hold room door and observations confirmed that 15-minute checks are made by facility staff. The facility complies with all requirements of this component.		
PART 2 – 9. HOLD ROOMS	IN DET	TENTION I	FACIL	ITIES		
Remarks: (Record significant facts, observations, other sources used, etc.) A review of written policy, examination of the hold room area, and observation of staff practices in this area support that the facility meets the requirements of the PBNDS for Hold Rooms in Detention Facilities. (b)(6), (b)(7)c / January 2 Reviewer's Signature / D						

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 Key Control Officer has attended an approved locksmith training program. Training documentation was reviewed.
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.				
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			Training files of staff revealed instruction in key and lock control.
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			
6.	Facility policies and procedures address the issue of compromised keys and locks.				
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.				Safe combination integrity and appropriate combinations (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			
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			
12.	Padlocks and/or chains are not used on cell doors.				
13.	The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety Code 101.				
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			

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				
 15. Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 				An examination of key rings indicates compliance with all elements of this component.				
Emergency keys are available for all areas of the facility.								
17. The facility uses a key accountability system.								
18. Authorization is necessary to issue any restricted key.								
 19. Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	\boxtimes							
 The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily. 				Policy 9-3, Key Control, provides written guidelines and procedures to ensure the accountability of keys, which are physically counted daily.				
 21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 				A review of staff training files indicate that staff are trained in the necessary elements of key control and are held responsible for issued keys.				
22. Locks and locking devices are continually inspected, maintained, and inventoried.								
 Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer. 				A detention officer performs those duties of Key Control Officer for the facility.				
 The designated key control officer is the only employee who is authorized to add or remove a key from a ring. 	\boxtimes							
The splitting of key rings into separate rings is not authorized.								
PART 2 – 10. KEY A	ND LOC	K CONTR	ROL					
☑ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding				

A review of the facility's policy and an interview with the Key Control Officer occurred. Additionally, an examination and physical inspection of keys utilized in the facility, and visit to the Armory reveals a comprehensive key control plan which complies with all

elements of this standard.

(b)(6), (b)(7)c January 20, 2 Reviewer's Signature / Date

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

PART 2 – 11. POF	PULATIO	ON COUN	ΓS				
This Detention Standard protects the community from har requiring that each facility have an ongoing, effective systematical experience of the community from harmonic protects and the community from harmonic protects are community from the community from harmonic protects are community from the co	rm and em of po	enhances pulation c	facility ounts	security, safety, and good order by and detainee accountability.			
Components	Meets Standard	Does Not Meet Standard	Z Y	Remarks			
Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.				Policy 9-13, Count Principles and Procedures, provides written procedures for conducting counts at the facility.			
Activities cease or are strictly controlled while a formal count is being conducted.							
There is a system for counting each detainee, including those who are outside the housing unit.				Physical observation of the count process supports a comprehensive count process for the facility.			
4. Formal counts in all units take place simultaneously.							
5. Officers do not allow detainee participation in the count.							
A face-to-photo count follows each unsuccessful recount.				Policy requires a face-to-photo count after each unsuccessful recount. Current practice and policy require a face-to-photo count at 11:15 p.m. each day.			
7. Officers positively identify each detainee before counting him/her as present.							
Written procedures cover informal and emergency counts.	\boxtimes						
The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.							
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.				A review of staff training files indicates that staff receive training on count procedures at orientation and periodically thereafter.			
PART 2 – 11. POP	ULATIC	N COUNT	S				
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other soul A review of the facility's written policy and procedures, observation documents indicate the facility meets the requirements of the PBNI (b)(6), (b)(7)c January 20, Reviewer's Signature / Date (b)(6), (b)(7)c	n of staff	conducting	detaine	ee counts, and accompanying facility			

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			
Every fixed post has a set of Post Orders.				Policy 9-10, Post Order Management, provides guidelines for the maintenance of Post Orders at the facility			
In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	\boxtimes						
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				An examination of Post Orders revealed examples of periodic updates.			
 One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews. 							
Review, updating, and reissuing of Post Orders occurs regularly and at least annually.							
6. The facility administrator authorizes all Post Order changes.							
7. The facility administrator has signed and dated the last page of every section.							
8. A Post Orders master file is available to all staff.							
Procedures keep Post Orders and logbooks secure from detainees at all times.							
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.							
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.							
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.							
 Anyone assigned to an armed post qualifies with the post weapons before assuming post duty. 				(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 (b)(7)e							
15. Post Orders for armed posts provide instructions for escape attempts.				Instructions for handling escape attempts are included in the			

transportation post orders.

PART 2 – 12. I	POST C	RDERS	<i>i</i> .	
This Detention Standard protects detainees and staff and e officer assigned to a security post knows the procedures, of	nhance luties, a	s facility se	curity	and good order by ensuring that each es of that post.
Components	Meets Standard	Does Not Meet Standard	NA	Remarks
16. The Post Orders for housing units track the daily event schedule.				
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	\boxtimes			
PART 2 – 12. F	OST O	RDERS		
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A	\	☐Repeat Finding
Remarks: (Record significant facts, observations, other sound A review of written policy and several post orders occurred. Interview respective post orders. Overall, the facility complies with the (b)(6), (b)(7)c January Reviewer's Signature / I (b)(6), (b)(7)c	iews wit	th various st	aff ind PBND	icate an understanding and knowledge o S for Post Orders.

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.								
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks				
 There are written policy and procedures governing searches of housing areas, work areas and of detainees. 				Policy 9-5, Searches of Inmates/Residents and Various Locations, provides written procedures for searches at the facility.				
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.								
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.								
 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. 								
Detainees are pat searched and screened by metal detectors routinely to control contraband.								
6. Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.				By policy, strip searches of detainees occur only when there is reasonable suspicion to warrant the search.				
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.								
 "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			Policy 9-113, Dry Cell Watches, provides written guidelines for the use of dry cells at the facility.				
 Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody. 								
10. Canines are not used in the presence of detainees				Canines are not maintained or used at this facility.				
PART 2 – 13. SEARC	HES O	F DETAIN	EES					
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding								

A review of written policy and procedures in regard to searches and use of dry cells at the facility indicates that the facility routinely conducts searches of detainees and related housing and work areas. The facility does not currently use canines.

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

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

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

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.				This facility has a comprehensive Sexual Abuse and Assault Prevention and Intervention Policy, No. 14-2, to respond to complaints by detainees regarding sexual abuse or sexual assaults.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.		\boxtimes		The written policies and procedures are approved by the facility's OIC.
3.	Tracking statistics and reports are readily available for review by the inspectors.			\boxtimes	There were no sexual assaults reported within the preceding 12 months of this inspection. Therefore, no reports were available for review.
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			
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)				
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.				
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.				There was not an incident of sexual abuse or assault by a detainee on a detainee reported within the preceding 12 months of this inspection.
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.				There was not an incident of sexual abuse or assault by a staff member on a detainee reported within the preceding 12 months of this inspection.
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.				
12.	When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	\boxtimes			

PART 2-14. SEXUAL ABUSE AND ASSA	AULT P	REVENTIO	ON AN	ID INTERV	ENTION				
This Detention Standard requires that facilities that house is and assaults on detainees, provide prompt and effective assault, and control, discipline, and prosecute the perpetra	CE/DR0	O detainee ntion and t	s affiri reatm	matively act	to prevent sexual abus				
Components	Meets Standard	Does Not Meet Standard	NA		Remarks				
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.									
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes								
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.									
SEXUAL ABUSE AND ASSAULT P	REVEN	ITION ANI	TMI C	ERVENTIO	N				
☑ Meets Standard ☐ Does Not Meet Sta	☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding								
Remarks: (Record significant facts, observations, other sour There were no incidents of sexual abuse or sexual assault on detained In accordance with this facility's Sexual Abuse and Assault Prevent respond promptly and effectively to a detainee's complaint of sexual (b)(6), (b)(7)c Januar	ees repo	rted within							
Reviewer's Signatur (b)(6), (b)(7)c									

PART 2 - 15. SPECIAL MANAGEMENT UNITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Written policy and procedures are in place for special management units.				Policy 10-100, Special Management Unit, addresses this requirement.
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.				
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.				
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.				Health care staff are notified and visit the SMU daily which is recorded on Form I-888
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.				
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			All cells located in the SMU are single occupancy.
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			
9.	A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.	\boxtimes			

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45 CDECIAL MANIACEMENT LIMITO

This Detention Standard protect rm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 				Form I-888 is used to record detainee information while housed in the SMU. All other required information of this component is addressed.
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.				
 There are written policy and procedures concerning the property detainees may retain in each type of segregation. 				
14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)				Detainees assigned to Administrative Segregation do not receive same privileges as detainees in the general population in regard to out of cell activities.

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*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).		\boxtimes		Out of cell activities are limited. However, one hour of outdoor recreation is permitted five times a week, and televisions are provided outside of the SMU cells. Earphones are issued to detainees to listen to TV from their cell.
	Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes			
	The shift supervisor sees each segregated detainee daily, including weekends and holidays.				
18.	The facility administrator (or designee) visits each SMU daily.				
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).				A health care provider visits the SMU daily and records the visit on Form I-888.
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.				
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	\boxtimes			
	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.				
	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.				

<u> </u>			PART 2 - 15. SPECIAL MANAGEMENT UNITS							
seq Ad	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.									
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
	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.									
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.									
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.									
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.									
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.									
31.	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes								
	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	\boxtimes			The chaplain makes weekly rounds and responds to individual religious requests.					
33.	Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.									

PAR1 2 - 15. SPECIA						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in theil personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.						
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.						
 Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances. 						
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 						
38. Recreation for detainees in the SMU is separate from the general population.						
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.)						
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.				Outdoor recreation is provided one hour daily, five times a week. According to staff, outdoor recreation is cancelled during inclement weather since weather appropriate attire is not provided.		

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
seg Ad	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.						
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.						
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.						
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.				Phone calls are permitted while housed in SMU.		

				
PART	2 - 15	SPECIAL	MANAGEME	PTIMIT TI

degregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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.)				A review of detainee documentation indicated a supervisor provides a written order before a detainee is placed in Administrative Segregation, and the detainee is advised.		
	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.				A review of SMU detainee files reveals that supervisory reviews do occur at required intervals.		

PART 2 – 15. SPECIAL MANAGEMENT UNITS		: "
cts detainees, staff, contractors, volunteers, and the comm	unity fron	n harm

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
-	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.				Reviews are documented in detainee files.
	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes			
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.				
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.				
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.				
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.				

PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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),	\boxtimes					
detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.	<u>d</u>					
55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. All review documents are placed in the detainee's detention file.				A review of Disciplinary Segregation files indicates that timely reviews do occur and the detainee is notified.		
PART 2 – 15. SPECIAL	MANAC	SEMENT (JNITS	1		
	ındard	□ N/A		☐Repeat Finding		

The facility has a written policy, which provides guidance for the operation of the Special Management Unit. A review of this operation, interviews with staff and detainees, and examination of related documents indicates that this facility meets the requirements of the PBNDS for Special Management Units.

It should be noted that out-of-cell activity is somewhat limited, and outdoor exercise is also routinely canceled during inclement weather.

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	PART 2 – 16. STAFF-DETAINEE COMMUNICATION							
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.								
It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.								
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.							
	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.							
	Scheduled visits are posted in ICE/DRO 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.							
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes						
	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.				Secure locked boxes are provided for Detainee Request Forms.			
	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,				ICE staff picks up the forms and responds to individual requests.			
	ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes						
	ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			The detainee handbook outlines procedures for how to correspond with ICE staff.			
	OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	\boxtimes						
	Daily telephone serviceability checks are documented n the housing unit logbook.				Detention staff perform serviceability checks of phones and document these checks in a logbook.			
	PART 2 – 16. STAFF-DET	AINEE	COMMUN	ICATIO	ON			
	☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

Based on interviews with facility staff and interviews, it appears that there is good staff-detainee communication at this facility. Supervisors are also readily available and visit housing areas daily.

(b)(6), (b)(7)c J_{anu}
Reviewer's Signatur (b)(6), (b)(7)c

	PART 2-17. TO	OOL CO	ONTROL		
fac	is Detention Standard protects detainees, staff, contract bility operations by maintaining control of tools, culinary υ d supplies.	ors, and utensils,	d voluntee , and medi	rs fron cal an	n harm and contributes to orderly d dental instruments, equipment,
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The Maintenance Supervisor is the designated Tool Control Officer for the facility. The Chief of Security provides supervision.
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.				
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			Observation of tool control in the medical and culinary departments reveals that tools are controlled in these areas.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow				

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

board the receipt chit shall be visible on the shadow

Tool Inventories are conspicuously posted on all tool

The facility has a policy for the regular inventory of all

inventory and all necessary documentation.

ICE facilities use AMIS bar code labels when

The facility has a tool classification system. Tools are

Restricted (dangerous/hazardous)
Non Restricted (non-hazardous).

The policy sets minimum time lines for physical

Tool inventories are required for:

Food Service Department

Recreation Department

boards, tool boxes and tool kits.

Medical Department

Electronics Shop

Facility Maintenance Department

board.

Armory

required.

classified according to:

tools.

7.

8.

 \Box

П

There are no tools assigned to the

Recreation Department or Armory, and there is no Electronics Shop at

this facility. All other areas listed in

this component have the required

inventories.

PART 2-17. TOOL CONTROL		
This Detention Standard protects detainees, staff, contractors, and volunteers from harm	and contrib	utes to orderly
facility operations by maintaining control of tools, culinary utensils, and medical and denta	l instrumen	to ocuinment
and supplies.	ii ii lou uii teri	is, equipment,
and supplies.		

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
pro	partment heads are responsible for implementing oper tool control procedures as described in the indard.				
tha ide	ere are policies and procedures in place to ensure at all tools are properly marked and readily entifiable.				Facility Policy 9-8, Control of Tools and Equipment, addresses this requirement.
11. The	e facility has an approved tool storage system.				
•	The system ensures that all stored tools are accountable.				
•	Tools are stored on shadow boards in which the shadows resemble the tool.	i			
•	Shadow boards have a white background.				
•	Restricted tools are shadowed in red.				
•	Non-restricted tools are shadowed in black.				
	Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.				
ren	ols removed from service have their shadows noved from shadow boards.	\boxtimes			
	ols not adaptable to a shadow board are stored in a ked drawer or cabinet.	\boxtimes			
14. Stei	rile packs are stored under lock and key.				
15. Eac to s	th facility has procedures for the issuance of tools staff and detainees.				
issı	are are policies and procedures to address the ue of lost tools. The policy and procedures include:				
	Verbal and written notification.				
	Procedures for detainee access.		_		
	Necessary documentation/review for all incidents of lost tools.				
	ken or worn out tools are surveyed and disposed n an appropriate and secure manner.	\boxtimes			
wor sub or revi	private or contract repairs and maintenance kers under contract with ICE, or other visitors, mit an inventory of all tools prior to admittance into departure from the facility. The inventory is ewed and verified prior to the contractor ering/departing the facility.				Approved contract vendors are required to provide a written inventory of any tools prior to entering the facility. They are escorted through the facility by either assigned maintenance or detention staff. This inventory is checked again prior to leaving the facility.

PART 2-17. TO	OL CC	NTROL		
This Detention Standard protects detainees, staff, contract facility operations by maintaining control of tools, culinary u and supplies.	ors, and itensils,	d volunteer and medi	rs fron cal an	n harm and contributes to orderly d dental instruments, equipment,
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
19. Hoses longer than three feet in length are classified as a restricted tool.				The standard requires that "All ladders, extension cords, ropes and hoses over three feet long shall be stored in the designated location when not in use." The standard does not require that hoses over three feet long be classified as a restricted tool. The facility does store hoses of this size in a designated location. It is noted that Facility Policy 9-8 states "ropes/hoses/chains/cables over 10 feet or longer" will be classified as a Class A-Restricted tool.
 Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used. 				
PART 2-17. TO	OL CO	NTROL		
	andard	□ N/A	\	☐Repeat Finding
Remarks: (Record significant facts, observations, other sour A review of policy, interviews with staff and observation of the tool requirements of the PBN (b)(6), (b)(7)c Januar Reviewer's Signature			termin	ed that the facility meets the

- 1	PART 2 – 18. USE OF FORCE AND RESTRAINTS						
as	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		
1.	(MANDATORY) The facility has a Use of Force Policy.				Policy 9-1, Use of Force, provides procedures for use of force situations.		
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.						
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.				A review of a use of force video showed that staff do attempt to resolve potential situations before resorting to force.		
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.						
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes					
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			A review of a use of force video displays a supervised Use-of-Force Team Technique to handle a cell extraction.		
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes					
8.	All use-of-force incidents are documented and reviewed.						
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.						

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:	<u> </u>		-			
 Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal 						
persuasion, have failed or are impractical. 11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes					
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				A review of policy, training files, documented use of force situations and a facility video of a use of force occurred. The incident supports Use-of-Force Teams follow procedures to prevent injury and exposure to communicable diseases.		
 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up." 				(b)(7)e		
14. The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	\boxtimes					
15. All detainee checks are logged.						

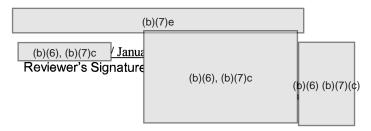
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.

PART 2 -	- 18. USE	OF FORCE	AND RESTR	AINTS

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 author non-lethal weapons:				:		
 Medical staff are consulted before pepper spray/non-lethal weapons. 		\boxtimes				
Medical staff reviews the detainee's before use of a non-lethal weapon is		:				
Intermediate Force Weapons, when no stored in areas where access is limited to personnel and to which detainees have recommendation.	authorized on access.					
 If Intermediate Force Weapons are st Special Management Unit (SMU), they ar maintained the same as Class R tools. 	ored in the e stored and				Intermediate Force Weapons are not stored in the SMU.	
20. Special precautions are taken when pregnant detainees.Medical personnel are consulted	restraining					
Protective gear is worn when restraining with open cuts or wounds.						
 Staff document every use of force, includi of restraints was used during the incident 						
 It is standard practice to review any use of the non-routine application of restraints. 	of force and					
 All officers receive training in seconfrontation-avoidance techniques and force to control detainees. 	elf-defense, the use of				Staff training files support staff do receive training in self-defense, confrontation-avoidance techniques	
 Specialized training is given to office they are certified in all devices approve 			L_J		and use of force procedures. Specialized training is provided for staff are assigned to special teams using devices.	
25. All staff authorized to use OC spray rece not only in its use, but also in the deconta individuals exposed to it. This training documented in the staff training record.	mination of					
26. The use of canines is restricted to detection purposes only.	contraband				The facility does not maintain or use canine units.	
 The officers are thoroughly trained in the and hard restraints. 	use of soft					
28. In SPCs, the Use of Force form is used facilities (IGSAs / CDFs) this form or its e used.						
PART 2 – 18	USE OF FOR	RCE A	ND REST	RAINT	S _{ee} See See See See See See See See See	

A review of the facility's Use of Force policy (9-1) occurred as did interviews with staff. A review of documented use of force incidents and a video occurred, as did a review of staff training files. It was determined that the facility meets the requirements of the PBNDS for Use of Force and Restraints.



Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTE

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

<u> </u>					
-	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.				Policy 15-100, Detainee Discipline, provides written guidelines for the disciplinary process at the facility to include levels of reviews and appeals.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
4.	Written rules prohibit staff from imposing or permitting the following sanctions: corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of legal access and legal materials deprivation of physical exercise The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				Rules of conduct are included in the detainee handbook and posted in the housing areas. An orientation video
				 	is also shown to arriving detainees which contains this information.
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				
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		
An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes					
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:						
 Conducts hearings on all charges and allegations referred by the UDC 						
 Considers written reports, statements, physical evidence, and oral testimony 						
 Hears pleadings by detainee and staff representative 			_			
 Bases its findings on the preponderance of evidence 						
 Imposes only authorized sanctions 						
A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes					
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.				By policy, the maximum time in disciplinary segregation for a single offense does not exceed 60 days.		
 Written procedures govern the handling of confidential- source information. Procedures include criteria for recognizing "substantial evidence". 				Confidential informants are not utilized at this facility according to supervisory staff.		
 All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required. 	\boxtimes					
PART 3 – 19. DISC	IPLINA	RY SYSTE	M			
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.) Policy 15-100 provides written guidelines regarding the disciplinary program at this facility. Interviews with staff and detainees assigned to disciplinary segregation occurred. Documentation related to the disciplinary process was also reviewed. Overall, the facility meets the requirements of the PBNDS for the Disciplinary System. (b)(6), (b)(7)c / January 20 Reviewer's Signature / Da (b)(6), (b)(7)c						

Performance-Based National Detention Standards

Section IV CARE

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

PART 4 - 20. FOOD SERVICE This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. Meets Standard Does Not Meet Standard Components Remarks The food service program is under the direct supervision of a professionally trained and certified The food service staff is certified by Food Service Administrator (FSA). The Responsibilities the Houston Department of Health in \boxtimes П of cooks and cook foremen are in writing. The FSA Professional Food Service and determines the responsibilities of the Food Service Sanitation. Staff. The Cook Foreman is on duty on days when the FSA is M off duty and vice versa. The FSA provides food service employees with training The FSA provides training for food that specifically addresses detainee-related issues. In service staff every six months, to M ICE Facilities this includes a review of the "Food include a review of the Food Service Service" standard Standard. (MANDATORY) Knife cabinets close with an approved The food service department has no locking device and the on-duty cook foreman knives. Items such as dough cutters, maintains control of the key that locks the device. M spoons, ladles, and spatulas are Knives and keys are inventoried and stored in secured in a locked cabinet and accordance with the Detention Standard on Tool inventoried daily. Control All knives not in a secure cutting room are physically The food service department has no secured to the workstation and staff directly supervises \boxtimes П knives. The food service staff detainees using knives at these workstations. Staff monitors all other utensils. monitor the condition of knives and dining utensils Special procedures (when necessary) govern the \boxtimes П handling of food items that pose a security threat. 7. Operating procedures include daily searches \boxtimes П П (shakedowns) of detainee work areas. The FSA monitors staff implementation of the facility population count procedures. These procedures are in \boxtimes П writing. Staff are trained in count procedures. (MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other The detainees are monitored on a persons working in food service are monitored each \boxtimes П daily basis. The results are recorded day for health and cleanliness by the food service on form 11-1K, Hygiene Checklist. supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard. 10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to- \boxtimes П date. 11. The Cook Foreman or equivalent instructs newly This training is documented on form assigned detainee workers in the rules and procedures \boxtimes 11-100E. of the food service department.

PART 4 – 20. FOOD SERVICE

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

			· · · · · · · · · · · · · · · · · · ·	,	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12.	During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods.				
	 Safety features of individual products/ pieces of equipment. 				
	 Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 			- -	
	The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			The training is documented on form 11-100E and placed in the detainee work file.
14.	Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.	\boxtimes			
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.				The facility meals are served at 4:30 a.m., 10:00 a.m., and 4:30 p.m.
16.	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	The facility has no cafeteria-style operations.
	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.				
	(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.				The facility menu has been certified by a registered dietitian, and has been analyzed with a daily average calorie count of 3100 calories.
	The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			
	The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with	\boxtimes			
	its justification, with copy to the FSA All staff and volunteers know and adhere to written "food preparation" procedures.				

PART 4 - 20. FOOD SERVICE This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. Does Not Meet Standard Components Remarks 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). \boxtimes П Staff routinely provide hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are M П referred to the Chaplain or FSA. 24. A supervisor at the command level must approve a \boxtimes detainee's removal from the Common Fare Program. 25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the \boxtimes FSA a schedule of the ceremonial meals for the following calendar year. 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown.

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks	
30. All meals provided in nutritiona	lly adequate portions.			$\dagger \Box$		
31. Food is not used to punish or re upon behavior.	ward detainees based					
32. The food service staff instruct d				T -		
 Personal cleanliness and h 	• •				The training is documented on form	
 Sanitary techniques for property serving food, and; 					11-100E and placed in the detainee work file.	
 The sanitary operation, care equipment. 						
 Everyone working in the food complies with food safety and sa 	d service department anitation requirements.					
34. (MANDATORY) The facility procedures for the administration dietary personnel conducting the all food service areas, inclued equipment, and food-preparation	tive, medical, and/or e weekly inspections of ding dining, storage,	\boxtimes			Policy 11-100 Food Service addresses this requirement. The facility documents the inspection on a weekly inspection form.	
35. Reports of discrepancies are fo Administrator or designated d corrective action is scheduled a	epartment head and					
36. (MANDATORY) Standard checking and documenting dishwashing machines after each with the Detention Standard on	ch meal, in accordance	\boxtimes			The facility documents the temperature checks on a Daily Temperature Log. The previous two months of logs were reviewed, and no discrepancies were noted.	
37. (MANDATORY) Staff documer refrigerator/freezer temperature with the Detention Standard on	e check, in accordance Food Service.				The temperature checks are recorded on form 11-100L. The previous two months of forms were reviewed with no discrepancies noted.	
38. The cleaning schedule for each conspicuously posted.						
 Procedures include inspecting shipments for damage, conta infestation. 	g all incoming food amination, and pest					
40. Storage areas are locked when		\boxtimes				
41. Food service personnel conductivity with detention staff.		\boxtimes				
42. In SPCs only: The ICE supervisor ICE officers participate in dining				\boxtimes	The facility is not an SPC.	
43. Menus are certified by a regist being incorporated into the Food	l Service Program.					
44. In SPCs only: the FSA preperture estimates for the Common I quarterly estimate is factored into	Fare Program. This			\boxtimes	The facility is not an SPC.	

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	ed a nul	ritionally b	alance	ed diet that is prepared and presented		
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes					
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	\boxtimes			The freezers and coolers have plastic curtains and the rear loading dock door utilizes an air curtain.		
 Staff comply with the ICE requirements for "food receipt and storage. 						
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.						
 Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings. 	\boxtimes					
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.						
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.				The Houston Department of Health and Human Services conducts a yearly inspection. The facility has a current inspection on file.		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes					
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.				The Food Service Administrator maintains appropriate MSDSs.		
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.				The food service department has a current pest control contract with Orkin Pest Control.		
FOOD S	ERVIC	Ε				
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The food service department is operated by Canteen Correctional Services. ICE detainees are provided with nutritious and attractively presented meals. The menus have been nutritionally analyzed, certified, and approved by a registered dietitian. The meals are prepared from approved recipes by trained ICE detainee workers under the supervision of the food service staff.

The facility uses a satellite feeding program, and the detainees eat in their housing units. Sanitation was found to be good during the review. The Food Service Administrator does not issue a photo identification card for detainees on special diets as required. A review of documents, staff interviews, and observation of food preparation and serving occurred. Overall, the facility meets the requirements of the PBNDS for Food Service.

of the FBNDS for Food Service.

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

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

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. Meets Standard Does Not Meet Standard ¥ Components Remarks 1. When a detainee has refused food or observed to have In accordance with the facility's not eaten for 72 hours, it is standard practice for staff to Medical Policy No. 8-14, the medical refer him or her to the medical department. \boxtimes staff is notified when a detainee refuses meals for a period of 72 hours. 2. Facility immediately reports via the chain of command The facility's health services a hunger strike to ICE/DRO. administrator (HSA) notifies the ICE \boxtimes 1 1 representative of a detainee that is on a hunger strike. 3. The facility has established procedures to ensure staff The facility's medical policy No.8-14 respond immediately to a hunger strike. delineates the procedures that require \boxtimes staff to immediately follow in response to a detainee on a hunger strike. 4. Policy and procedure require that staff isolate a Detainees who are on a hunger strike hunger-striking detainee from other detainees. X П are placed in a segregation observation cell. Medical personnel are authorized to place a detainee The placement of a hunger striking in the Special Management Unit or a locked hospital X detainee in an observation room is room. the decision of the medical staff. Medical staff record the weight and vital signs of a The medical staff record weight and hunger-striking detainee at least once every 24 hours. \boxtimes vital signs once every 24 hours or more frequently, if required. 7. The facility medical authority obtains a hunger striker's Consent is obtained before medical \boxtimes П consent before medical treatment. treatment is provided. 8. A signed Refusal of Treatment form is required of A signed Refusal of Treatment Form every detainee who rejects medical evaluation or \boxtimes is obtained when a detainee rejects treatment, or two staff/provider signatures indicating medical evaluation or treatment. detainee refusal to sign form. Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's Three meals per day are provided to \boxtimes room, regardless of the detainee's response to a a detainee on a hunger strike. verbally offered meal and document those meal offers. 10. Staff maintain the hunger striker's supply of drinking A detainee on a hunger strike water/other beverages. continues to have access to \boxtimes П beverages such as milk or juice, which is available with the three daily meals that are provided. 11. During a hunger strike, staff remove all food items from A detainee on a hunger strike is not the hunger striker's living area. \boxtimes allowed to purchase food items from the facility's commissary. 12. Staff are directed to record the hunger striker's fluid The hunger striker's vital signs, fluid, intake and food consumption on the Hunger Strike \boxtimes and food intake are recorded in the Monitoring Form I-839 or equivalent. medical record.

PART 4 – 21. HU	JNGER	STRIKES		
This Detention Standard protects detainees' health and we treating any detainee who is on a hunger strike.	ell-being	by monito	oring, o	counseling and, when appropriate,
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
 The medical staff have written procedures for treating hunger strikers. 				The facility's Medical Policy No. 8-14 delineates the provision of services to a hunger striker.
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.				Medical staff document all treatments and information provided to the detainee concerning the adverse risks and impact that will result to the hunger striker's health if the hunger strike continues.
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.				Detention officers receive training to identify a hunger striker during formal security training. Medical staff is knowledgeable in the treatment to be provided to a hunger striker consistent with their respective training. In addition, security and medical staff participate in annual continuing education classes on this topic.
PART 4 – 21. HU	NGER	STRIKES		
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sour The facility's medical policy No. 8-14 delineates the provision of set The medical and mental health services that are provided to a hunger Hunger Strikes. (b)(6), (b)(7)c / January 20. Reviewer's Signature / D	rvices to	be provide		

	PART 4 – 22. I				
Th an	is Detention Standard ensures that detainees have acce d health education, so that their health care needs are i	ss to a met in a	continuum timely an	of head	alth care services, including prevention ient manner.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.				The facility's medical program is accredited by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), and the Joint Commission on Accreditation of Health Care Organizations (JACHO).
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			All detainees receive a comprehensive medical and mental health screening upon arrival.
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	\boxtimes			The Division of Immigration Health Services (DIHS) is the medical provider of medical services. DIHS has a full complement of competent medical, mental health, dental, and nursing practitioners who provide comprehensive medical, mental health, and dental services. The DIHS Chief Operating Officer reviews the staffing allocation annually.
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				The facility provides a detailed orientation concerning the procedure by which a detainee can access health services. In addition, the detainee is provided a handbook, which delineates the procedure to access health services.
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				Detainees have access 24 hours a day, 7 days a week to receive a full range of emergency medical, mental health, and dental services.
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	\boxtimes			All direct care staff receive a tuberculosis test prior to their job assignment as well as on the anniversary of their employment. Employees are offered the hepatitis B vaccine series.

	PART	4 - 2	22.	MEDIC	AL	CARE			
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	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
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.				Credentialed, qualified health care personnel provide the medical services. All staff is appropriately licensed in accordance with applicable state and federal governing regulations. Each staff member has a detailed job description, which delineates employment duties and assignments.
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).				The facility provides all detainees with a handbook, written in English and Spanish, which delineates the procedure to access health services.
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	\boxtimes			The facility's medical personnel credentialing and verification is in compliance with ACA, NCCHC, and JCAHO requirements. The medical services of the facility are accredited by these organizations.
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental, and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 				All detainees receive a comprehensive medical, mental health, and dental screening upon arrival at the facility. The initial medical screening is only performed by a trained health care professional.
11.	health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				If language difficulties adversely impact the provision of medical services, staff access the Interpretalk Communication System to obtain translation services.
	The facility has sufficient space and equipment to afford all detainees privacy when receiving health care.				The medical area has five treatment rooms, one urgent care room, a mental health assessment counseling room, and a dental operatory that afford the requisite level of confidentiality for examinations and treatments. In addition, there is medical equipment within the rooms to support the provision of medical and dental services.
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The medical area has its own restricted access area and is within the secure perimeter of the facility.

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14.	holding/waiting room.				There is a holding/waiting room within the medical area.
	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The medical area is under the supervision of detention officers assigned to the medical area.
	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.				The medical holding/waiting room has a water fountain.
17.	 Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 				The medical records are maintained as an Electronic Medical Record (EMR). Access to the EMR is limited to medical staff and is password protected.
	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.				A signed consent form is obtained from a detainee prior to receiving medical treatments.
19.	authorize the release of confidential medical records to outside sources.	\boxtimes			Detainees sign a form authorizing the release of medical records to external sources.
	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Sufficient advance notification is provided to medical staff concerning the release of a detainee.
	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			The detainee's medical record is available for transfer with a detainee. A transfer summary form accompanies the detainee.
	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 detainee's medical record is transferred in a sealed envelope, marked "Medical Confidential", with the detainee's name and A-Number.
	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			A chest x-ray is given to all detainees at the time of the intake screening. A written x-ray report is available to the medical staff within 4 hours of administration.
24. 	 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			Detainees receive a mental health screening as a component of the intake assessment. The medical staff identifies those detainees requiring additional mental health services.

PART 4 - 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
25.	794s (or equivalent) to identify detainees needing medical attention.				All detainees requiring immediate medical or mental health services are referred to the facility's medical practitioner.
26.	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.				Detainees receive a physical examination on an average of nine days after arrival to the facility.
27.	access to the same level of health care as detainees in the general population.	\boxtimes			Detainees housed in the Special Housing Unit have access to health care. Nursing staff visit the Special Housing Unit daily and have face-to- face contact with the detainee.
28.	 request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	\boxtimes			Sick call is provided seven days per week. The medical program does not use sick call slips, but leaves it to the detainee to inform the detention staff in the housing area when they want to see a medical practitioner. The detainee is then allowed to meet face-to-face with a medical practitioner in the housing unit.
	(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			There is a policy for the provision of 24-hour emergency medical services. The 911 emergency call system is utilized, as required.
	The plan includes an on-call provider.	\boxtimes			There is a plan for on-call medical staff, and on-call contact telephone numbers are maintained on file in the medical office.
	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			Emergency contact telephone numbers for emergency transport and the local hospital emergency room are on file within the medical office.
	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			The provision of emergency health care is provided in accordance with security and medical policies.
	(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.				Security and health care staff are appropriately trained in first aid when responding to medical emergencies. Detention officers and medical staff can respond to health related emergencies in less than four minutes.

	PART 4 – 22. MEDICAL CARE					
This and	s Detention Standard ensures that detainees have acces I health education, so that their health care needs are m	ss to a c	ontinuum timely and	of heal	Ith care services, including prevention ent manner.	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	Where staff are used to distribute medication, a health care provider properly trains these officers.				Only medical staff distributes medications.	
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			A licensed pharmacist, in accordance with federal and state regulations governing the pharmacy operations, manages the pharmaceutical services. DEA-controlled pharmaceuticals are counted on each shift.	
36.	 procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				The pharmacy is governed by and is in compliance with the established policies of the Division of Immigration Health Services for pharmacy services.	
37.	 All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				Pharmaceuticals are stored in a locked pharmacy room within the medical administration office. Access to the pharmacy is restricted to medical staff.	

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PARI 4 – 22. MEDICAL CARE			

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
38.	In SPCs and CDFs, the pharmacy has a locking pass-through window.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	 Administration and management in accordance with state and federal law. 				Licensed nursing staff disburses
	 Supervision by properly licensed personnel. 		_		pharmaceuticals during scheduled medication administration sessions,
	 Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. 				in accordance with physicians' orders. There is a licensed pharmacist on staff.
	 Accountability for administering or distributing medications in a timely manner and according to physician orders. 				
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			Medications are dispensed in accordance with the prescribing physicians' instructions. Medication Administration Records (MARs) are maintained manually, for each detainee.
40.	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. 		Ì		The facility is staffed 24 hours a day,
	 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. 				7 days a week by medical personnel. Only medical staff distributes 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.				Only medical staff distribute medications,
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			The medical staff notify the detention staff classification personnel that a detainee has special medical requirements.
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			Detainees have access for examinations by independent medical service providers, as warranted.

PART 4 - 22. MEDICAL CARE

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. V T	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
44.	plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: • Coordination with public health authorities; • Ongoing education for staff and detainees; • Control, treatment, and prevention strategies; • Protection of individual confidentiality; • Media relations; • Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and • Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations.				The management of infectious diseases is in compliance with the established ICE/DRO policies for this standard. Moreover, the provision of and the management of infectious disease is governed by and is in compliance with established policies of DIHS, and the Centers for Disease Control for Infectious Disease.
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Detainees with communicable disease are placed in an isolation cell.
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.				In accordance with the guidelines of the Center for Disease Control, all detainees receive a chest x-ray upon arrival at the facility.
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.				Detainees with TB symptoms are placed in a negative pressure cell until additional diagnostic studies are completed.
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.				Medical transports to the local hospital for access to medical specialists or in-patient hospitalization is provided by a contracted transport company. Emergency medical transports are utilized via the 911 medical system.

PART 4 - 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.				The facility has a 16-bed infirmary. The infirmary is staffed 24 hours a day, 7 days a week.
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 have access to comprehensive medical, mental health, and dental services. Female detainees receive a pregnancy test at the time of the intake assessment.
51.	(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				Detainees with chronic medical conditions will be scheduled for the applicable chronic care clinic that will assess and provide the requisite medical oversight for the respective chronic conditions, which include but are not limited to hypertension, diabetes, HIV, and cardiac problems.
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.		. 🗆		The medical staff will notify the detention classification personnel that a detainee has special medical requirements that will require special housing or transport consideration.
53.	specified routine dental care provided under direction and supervision of a licensed dentist.				Detainees have access to a full time licensed dentist for routine and urgent dental care.
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 sufficient medical and mental health staff to ensure that detainees receive mental health examinations and any requisite counseling or treatments.
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.				Mental health crisis intervention services can be provided at the facility. However, to respond to acute mental health episodes, referral to in- patient services at a local hospital is available.
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.				Medical and mental health interviews and examinations are conducted in treatment rooms that afford the requisite privacy and level of confidentiality for treatments.

PART 4 – 22. MEDICAL CARE

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
57.	health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.				A mental health screening is a component of the intake assessment process. Staff is trained to make the initial assessment, and will immediately refer the detainee to a mental health professional.
58.	 (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				The facility's policies meet the requirements for this standard. Medical staff will evaluate the detainee's health status prior to a detainee being placed in restraints.
59.	 (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 	\boxtimes			The facility's policies meet the requirements for this standard. Detainees that would require acute mental health intervention, such as the involuntary administration of medications, would be transferred to a local hospital for in-patient treatment services.

PART	4 —	22. N	MEDIC	AL	CARE

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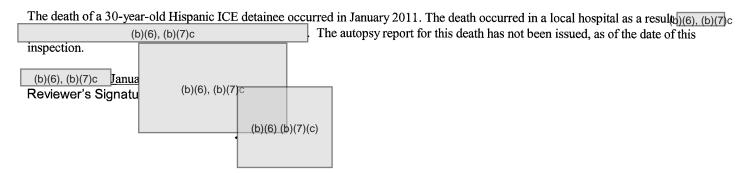
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N. C.	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.				All detainees receive a dental screening during the intake assessment. An examination is completed by a trained health care provider normally within nine days upon admission, but no longer than 14 days. The detainee will be referred to the dentist for treatment of an acute dental problem.	
	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			First aid kits are located at all housing unit detention officer's posts and in the kitchen, intake, and central control. The contents of the first aid kits are inspected monthly by medical staff.	
62.	An automatic external defibrillator should be available for use at the facility.	\boxtimes			There are two AEDs in the medical area and one AED in the intake area.	
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.				If a detainee refuses treatment, the facility HSA will notify the facility's OIC who in turn informs the ICE representative. If forced treatment is required, the detainee will be transferred to the local hospital for treatment services.	
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.				The facility's HSA and the facility's OIC meet weekly.	
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 to remove biohazardous waste twice monthly or more often, as required.	
66.	(MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			The facility's policies meet the requirements for this standard. The medical program has established a comprehensive internal review process as well as quality assurance reporting. An analysis system requires review of all components and activities of the facility's health care delivery system.	
	PART 4 – 22. M	EDICA	L CARE			
		ndard	□ N/A		☐Repeat Finding	

The medical services at this facility have been accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The medical services are provided by and staffed by the Division of Immigration Health Services (DIHS).

Twenty Five (25) randomly selected detained medical records were analyzed. The review of the medical records documented that a medical assessment, a chest x-ray, and a signed consent form for the provision of medical services was completed during the intake process. The history and physical examinations were completed on an average of nine 9 days from admission to the facility.

All detainees have access to comprehensive medical, dental, and mental health services. The medical services consist of daily sick call, medical and mental health services, dental services, chronic care clinics, and pharmaceutical administration.



DADT A	22	DEDCONAL	HYCIENE

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
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1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detained.	\boxtimes			Facility policy Numbers 14-6 and 12-6, as well as the detainee handbook, describe the issuance and exchange of clothing and bedding.
2.	required for the number of detainees. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum:				
	 One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. 				The facility's policies for the quantity of clothing issued to detainees exceed the requirements for this standard.
	One pair of underwear (daily change).One pair of facility-issued footwear.				
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			
4.	New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase Additional blankets, based on local weather conditions.		, 🖂		The facility's policy meets the requirements for this standard.
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.				
6.	 Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 	\boxtimes			The toilet facilities were clean, in operating order, and in compliance with the ACA standards for the ratio required for toilets and urinals.

PART 4 – 23. PER	RSONA	L HYGIEN	E	
This Detention Standard ensures that each detainee is able the provision of adequate bathing facilities and the issuance personal hygiene items.	e to mai and ex	ntain acce change of	ptable clean	personal hygiene practices through clothing, bedding, linens, towels, and
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
7. Bathing facilities are:	1	*		
 Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. 				The shower facilities were clean, in operating order and in compliance
ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.				with ACA standards for the ratio required for shower facilities.
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.			:	
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.				
 9. Detainees are provided clean clothing, linen, and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 	×			There is an established twice-weekly schedule for laundry services, thereby assuring that detainees will have access to clean clothing, linen, and towels.
 Food service detainee volunteer workers are permitted to exchange outer garments daily. 	\boxtimes			
 Volunteer detainee workers are permitted to exchanges of outer garments more frequently. 				
PART 4 – 23. PER	SONA	. HYGIEN	E	
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A	.	☐Repeat Finding
Remarks: (Record significant facts, observations, other sour Facility policy Numbers 14-6 and 12-6, as well as the detainee hand The facility provides detainees with all requisite bedding, clothing,	dbook, d	lescribe the		_
detainee's incarceration at this facility.				
The toilets, urinals, and shower facilities were clean and in operatinatio of the respective	g order	and in comp	oliance	with the ACA standards for the requisite
(b)(6), (b)(7)c Janua Reviewer's Signatu (b)(6), (b)(7)c				

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 1. The facility has a written suicide prevention and	Meets Standard	Does Not Meet Standard	W.A.	Remarks The facility's policy no. 9-19 for
intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.				Suicide Prevention and Intervention is approved and signed by the facility's OIC.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				Facility policy 9-19, Suicide Prevention and Intervention, is inclusive of requirements for this standard.
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training. .				Every staff member is provided Suicide Prevention and Intervention Training as a component of their orientation training. In addition, ongoing staff development courses are scheduled throughout the year to maintain and enhance the knowledge and skills of both detention officers and medical staff.

PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

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

		10	1	1	1
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
4. Trai	ning prepares staff to:			-	
•	Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of				
•	suicidal behavior,				The facility's policies meet the
•	Responding to suicidal and depressed detainees,				requirements for this standard.
•	Effective communication between correctional and health care personnel,				Detention and medical staff are knowledgeable in identifying the
•	Necessary referral procedures,				warning signs and symptoms of
•	Housing observation and suicide-watch level procedures,				suicidal ideation.
•	Follow-up monitoring of detainees who have already attempted suicide, and				
•	Reporting and written documentation procedures.				
scr	nealth-care provider or specially trained officer eens all detainees for suicide potential as part of the mission process. Screening does not occur later than one working				Every detainee admitted to this facility receives a mental health assessment as a component of the
•	day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.]		intake process. A detainee at risk is immediately referred to medical staff for further observation.
det foll	en procedures contain when and how to refer at-risk ainees to medical staff and procedures are owed.				Procedures have been established to refer at risk detainees to medical staff.
suid writ app	tten procedures include returning a previously cidal detainee to the general population, upon ten authorization of the clinical director or propriate health care professional.				The facility's policy for the provision of mental health services requires the medical director or a mental health specialist's authorization to return a previously suicidal detainee to general population.
eva	facility has a designated isolation room for luation and treatment.	\boxtimes			There are five designated isolation cells that are used for evaluation and treatment.
stru suid	designated isolation room does not contain any ctures or smaller items that could be used in a cide attempt.				The designated isolation cells contain no objects that could be used to facilitate a suicide attempt. The detainee is given a suicide gown to wear while on suicide watch.
10. Med	lical staff have approved the room for this purpose.	\boxtimes			The suicide isolation cells have been approved for use.

VEW I IOL	TAI DAA	ERVE	NTION			
ell being appropri	by training ate sensiti	g staff vity, su	to prevent suicide by recognize pervision, referral, and treatment.			
Meets Standard	Does Not Meet Standard	N/A	Remarks			
			Staff observes and documents a detainee on a suicide watch. The facility's suicide watch policy requires a one-on-one observation.			
			The facility's detention officers observe and document the activities of a detainee on suicide watch as prescribed by the clinical director or mental health professional, every 15 minutes or as a one-on-one direct observation. In addition, medical staff visits the detainee on suicide watch once per shift, or more often, if required.			
			This facility has 24 hour medical staffing for the provision of medical services.			
			The facility's policies require a critical incident report to be prepared for a completed or attempted suicide. The HSA will chair a mortality review team to review all aspects of the respective incident.			
ENTION	AND INT	ERVE	NTION			
☑ Meets Standard Does Not Meet Standard N/A □ Repeat Finding						
tially suic	idal behavio	or and t	o access medical and mental health			
	Rell being appropriate and and ard ard ard ard ard ard ard ard ard ar	Weet being by training appropriate sensiting	Well being by training staff appropriate sensitivity, sure properties and the sensitivity of the sensitivity			

	PART 4 – 25. TERMINAL ILLNESS, A	ADVAN	CE DIREC	TIVES	S, AND DEATH
fa _ in	nis Detention Standard ensures that each facility's continual injury, and advance directives and provides specific god Check this box if the facility does not accept ICE does appropriate box for this portion of the worksheet and related notifications.	uum of uidance etainee	health car in the eve s who are	e servent of a	ices addresses terminal illness, a detainee's death. rely or terminally ill. Indicate NA
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.				Detainees who are chronically ill upon admission to this facility are placed in the infirmary. Detainees who become chronically or terminally ill while in custody are admitted to the facility's infirmary or transferred to a local hospital based on the acuity level of the detainee's illness.
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. 				The medical staff notifies the facility's OIC who will notify the ICE representative. The ICE representative will notify the detainee's next of kin as to the location and the rules that govern visitation.
3.	 There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 				The facility's medical local operating policies numbers 843, 862, 201, 205, and the DIHS National Policies provide the requisite guidelines pertaining to the provision of the State Advanced Directive Form for detainees.
4.	There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			The facility's medical policies provide guidelines for the provision of Do Not Resuscitate Orders (DNR) and are consistent with policies of the respective accreditation agencies, ACA, NCCHC, and JCAHO.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				A detainee's DNR request will be honored. However, medical services will ensure comfort levels minimizing severe pain and suffering with pharmaceuticals consistent with the physician's orders.
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			The facility's HSA will notify the facility's OIC, who will notify the ICE representative of a detainee's request to execute a Do Not Resuscitate Order.

PART 4 – 25. TERMINAL ILLNESS, A	ADVAN	CE DIREC	TIVES	S, AND DEATH
This Detention Standard ensures that each facility's contin fatal injury, and advance directives and provides specific g	uum of uidance	health car	e serv	ices addresses terminal illness, a detainee's death.
Check this box if the facility does not accept ICE d in the appropriate box for this portion of the workshee and related notifications.	etainee t. ALW	s who are /AYS com	e seve plete	rely or terminally ill. Indicate NA all references to detainee death
Components	Meets Standard	Does Not Meet Standard	Z/A	Remarks
7. The facility has written procedures to address the issues of organ donation by detainees.				Detainees are generally not held at this facility long enough to warrant contacting ICE concerning a request for an organ donation. If, however, the detainee wishes to explore the feasibility of an organ transplant for a family member, discussion with the facility's medical director and the ICE representative will assess the eligibility and the expense for an organ donation.
 The facility has written procedures to notify ICE officials, deceased family members, and consulates, when a detainee dies while in custody. 				The facility's OIC will notify the ICE representative, who will notify the detainee's family members, when a detainee dies while in custody.
 The facility has a policy and procedure to address the death of a detainee while in transport. 				The transport team will notify the facility's OIC, who in turn will notify the ICE representative, concerning a detainee's death while in transport.
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 	\boxtimes			The ICE Field Office is responsible for the disposition of the detainee's remains.
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 	\boxtimes			The ICE Field Office will schedule the detainee's burial in accordance with established ICE policies.
 An original or certified copy of a detainee's death certificate is placed in the subject's A-File. 	\boxtimes			This is the responsibility of the ICE Field Office.
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 				If a detainee dies while in custody, the facility's OIC will notify the ICE representative, the local police department, and the local medical examiner. The medical examiner will perform an autopsy and issue the death certificate.
14. ICE staff follows established procedures to properly close the case of a deceased detainee.	\boxtimes			This is the responsibility of the ICE Field Office.
PART 4 – 25. TERMINAL ILLNESS, A	DVANC	E DIREC	TIVES	, AND DEATH

⊠ M	eets Standard	☐ Does Not Meet Standa	rd 🗌 N/A	☐Repeat Finding
The facility's policie	s and medical proto	observations, other sources cols in conjunction with ICE Startith Terminal Illness, Advance Di	ndard Operating Pro-	cedures are followed pertaining to the
There were no detair	nee deaths during th	e vear preceding this inspection.		
(b)(6), (b)(7)c / Ja Reviewer's Sign	(b)(6), (b)(7)	(b)(6) (b)(7)(c)		

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

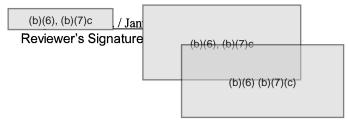
PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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	NA	Remarks
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				The written procedure is contained in policy 16-1, Correspondence Procedures.
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.				
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				
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			The mailroom officer delivers the outgoing mail to the local post office each day.
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.				The log is located in the mail office.
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.	×			
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.				
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
9.	Staff are prohibited from reading or copying 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.	\boxtimes			
	Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.				
12.	The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.				The mailroom officer completes a Prohibited Correspondence Form 16-1E.

PART 5 – 26. CORRESPON		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
This Detention Standard ensures that detainees will be a representatives, government offices, and consular officials	ible to o	correspond tent with th	l with e safe	their families, the community, legal and orderly operation of the facility.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.				The mailroom officer completes a Correspondence Restriction Notice 16-1J that must be approved by the Warden.
 Staff maintain a written record of every item removed from detainee mail. 	\boxtimes			
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			
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.				The mailroom officer issues a receipt to the detainee and the cash is forwarded to the business office for processing.
 Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files. 				
 Staff provide the detainee a copy of his or her identity document(s) upon request. 	\boxtimes			
 Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband". 				
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes			·
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.				The detainees may purchase stamps at the facility commissary.
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.				
23. SMU detainees have the same correspondence privileges as general population.				
24. Detainees have access to outside publications.				
PART 5 – 26. CORRESPON	IDENCI	E AND OT	HER N	AAL
	andard	□ N/A	,	☐Repeat Finding

The facility ensures that detainees send and receive correspondence in a timely manner, subject to limitations as required for the safe and secure operation of the facility. Based on a review of documents, staff and detainee interviews, and observation of the daily activity, it was determined the facility meets the requirements of the PBNDS for Correspondence and Other Mail.



1	PART	5 - 27	FSCORT	FD TRIPS	FOR NON-MED	ICAL 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
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral				
	Deathbed				
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).				
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.				
5.	Detainees who require overnight housing are placed in approved IGSA facilities.				
6.	Each escort detail includes at least b)(7)enfficers.				
7.	The detainee remains under constant, direct visual supervision of escorting staff.				
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.				
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.				

PART 5 – 27. ESCORTED TRIPS F				그 에 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
This Detention Standard permits detainees to maintain ties detainees emergency staff-escorted trips into the commun to attend their funerals.	ity to vis	sit critically	ill me	mbers of the immediate family or
☑ Standard NA: Check this box if all ICE Non-Medical Field Office or Sub-Office in control of the detainee cas	Emerg se.	ency Esc	orted '	Trips are handled only by the ICE
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11. Escort officers ensure that detainees:		<u></u>		
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 				
 Do not violate federal, state, or local laws. 				
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 				
 Do not arrange to visit family or friends unless approved before the trip. 				
 Make no unauthorized phone calls. 				
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 				
 The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc. 				
 Standard procedure requires the immediate return to the facility of any detainee who violates trip rules. 				
 The Field Office Director is the approving official for all non-medical escorted trips. 				
15. Facility procedures comply with the following ICE Standards:				
Transportation (Land Transportation				
 Restraints applied strictly in accordance with the Use of Force Standard. 				
PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDICA	L EMI	ERGENCIES
☐ Meets Standard ☐ Does Not Meet Sta	ndard	⊠ N/A		☐Repeat Finding
Remarks: (Record significant for the control of the	ces use	ed, etc.)		
(b)(6), (b)(7)c Januar Reviewer's Signature / D (b)(6), (b)(7)c (b)(6) (b)(7)(c)				

	PART 5 – 28. MAR	RIAGE	REQUEST	rs	
	is Detention Standard ensures that each marriage reque d based on internal guidelines for approval of such requ		an ICE/DF	O det	ainee receives a case-by-case review
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.				
2.	The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.				
3.	It is standard practice to require a written request for permission to marry.				The detainee must send a written request on Form 14-7A, Inmate/Resident Marriage Request, to the warden.
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.				The warden returns Form 14-7A, Inmate/Resident Marriage Request, to the detainee with his/her decision as well as to the legal representative.
6.	When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.				
7.	The Facility Administrator provides the detainee with a place and time to make wedding arrangements.				
8.	The detainee handbook explains the marriage request process.	\boxtimes			
9.	In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.			\boxtimes	The facility is not an SPC.
	PART 5 – 28. MAR	RIAGE	REQUEST	S	
	✓ Meets Standard ☐ Does Not Meet St	andard	□ N/A	\	☐Repeat Finding
The f	arks: (Record significant facts, observations, other sour acility has a comprehensive policy on detainee marriage request and Detainee Handbook and the facility detainee handbook. Emined the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the requirements of the PBNDS for Marriage and the facility meets the f	ests. Deta Based on	ainees are p a review of		
	(6), (b)(7)c / <u>January 2</u> 0 ewer's Signature / Date (b)(6), (b)(7)c (b)(6) (b)(7)(c))			

ı)	Δ	R	T	5	-	29.	R	F	C	RI	= 4	T	n	N

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.				
	An outdoor recreation program.				
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			The facility has a rated capacity of 1,000 detainees and has two recreation coordinators.
	Regular maintenance keeps recreational facilities and equipment in good condition.				
	The recreational specialist or trained equivalent supervises detainee recreation workers.				
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.				
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			In each dayroom, the detainees have access to television, chess, checkers, cards, and puzzles.
7.	Outside activities are restricted to limited-contact sports.				The facility allows basketball, handball, and soccer.
8.	Each detainee has the opportunity to participate in daily recreation.				The facility offers both indoor and outdoor recreation.
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			
	Staff check all items for damage and condition when equipment is returned.	\boxtimes			Any damage is noted and forwarded to the maintenance department for repair.
	Staff conduct searches of recreation areas before and after use.	\boxtimes			
12.	Recreation areas are under constant staff supervision.				
13.	Supervising staff 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			
	Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.				The detainee receives written notification on the Disciplinary Panel Report Form I-894.
	Special programs or religious activities are available to detainees.	\boxtimes			

PART 5 - 29.				
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.				
☑ If outdoor recreation is offered check this box. Item	IS 19-2	/ snould t	hen b	e marked "N/A".
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				The facility does not use volunteers in the recreation department.
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.				
19. If the facility has no outside recreation, are detainees considered for transfer after six months?				The facility has outdoor recreation, so this component is not applicable.
 If yes, written procedures ensure timely review of all eligible detainees. 				The facility has outdoor recreation.
 Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator. 				The facility has outdoor recreation.
The Facility Administrator documents all detainee- transfer decisions, whether yes or no.				The facility has outdoor recreation.
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.				The facility has outdoor recreation.
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			\boxtimes	The facility has outdoor recreation.
 If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. 			\boxtimes	The facility has outdoor recreation.
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.				The facility has outdoor recreation.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			\boxtimes	The facility has outdoor recreation.
PART 5 - 29. I	RECRE	ATION		
	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sour The facility written procedures are contained in Policy 20-100, Record to indoor and outdoor recreational programs and activities. Based cobservation of daily activities, it was determined that the facility me (b)(6), (b)(7)c / January Reviewer's Signature / D (b)(6), (b)(7)c (b)(6), (b)(7)c	reation a nevion a reviets the re	and Leisure ew of docur	nents,	staff and detainee interviews, and

PART 5 – 30. RELIGIOUS PRACTICES							
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.							
	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks		
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.						
2.	Space is available for detainees to participate in religious services.	\boxtimes			The facility has a chapel located in B-East.		
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.				The facility has no noted exceptions.		
4.	 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 	\boxtimes					
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes					
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.						
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes					
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.						
RELIGIOUS PRACTICES							
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other sources used, etc.) Detainees are provided reasonable and equitable opportunities to participate in religious activities. Based on a review of documents as well as staff and detainee interviews, it was determined that the facility meets the requirements of the PBNDS for Religious Practices. (b)(6), (b)(7)c / January 20 Reviewer's Signature / Date (b)(6), (b)(7)(c)							

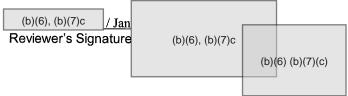
PART 5 – 31. TELEPHONE ACCESS

This Detention S	tandard ensures	that detainees	may maintain	ties with thei	r families and	others in th	ie commu	nity by
	easonable and ed							

		T	1	-	
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			The detainees have telephone access from 7:00 a.m11:00 p.m. on weekdays and 7:00 a.m1:00 a.m. on weekends.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.				The telephone policy is addressed in the detainee handbook that each detainee receives upon admission.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.				
4.	Access rules, including updated telephone and consulate number, are posted in housing units.				
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			The facility policy on telephone access is posted in each housing unit in both English and Spanish.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				
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			ICE has a contract with the Talton Company for telephone repairs.
	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			Detainees are taken to the shift commanders' or unit managers' office to place legal calls.
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			
	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			
	Special Access calls 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			
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			

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	
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.					
19.	The facility has a system for taking and delivering emergency detainee telephone messages.				The control center officer will obtain the caller's name, telephone number, and message. The information is then forwarded to the shift commander who will notify the detainee as soon as possible.	
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes				
21.	Detainees are allowed to return emergency phone calls as soon as possible.					
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.					
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes				
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.					
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.				The facility monitors detainee telephone calls. The notification is posted on the front of each telephone.	
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.				The OIG number was called from Housing Unit A-5 on January 19, 2011 at 9:55 a.m. and found to be operational.	
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. TELEPHONE ACCESS						
	☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

The facility provides ICE detainees with reasonable and equitable access to telephones. The detainee telephone policy is contained in the detainee handbook. Based on a review of documents, staff and detainee interviews, and observing daily operations, it was determined that the facility meets the requirements of the PBNDS for Telephone Access.



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	AM	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.				The facility written procedure is contained in policy 16-2, Visitation.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				
3.	The visitation schedule and rules are available to the public.	\boxtimes			The schedule and rules are posted in the facility lobby in both English and Spanish.
4.	The hours for all categories of visitation are posted in the visitation waiting area.				
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.				
6.	A general visitation log is maintained.				The log contains the visitor's name and address, immigration status, relationship to the detainee, date, and time in/out.
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes			
8.	A visitor dress code is available to the public.	\boxtimes			The dress code is posted with the rules and schedule in the facility lobby.
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			
10.	The requirement on visitation by minors is complied with.				
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 visitation by minors.
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 visitation by minors.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			
14.	Detainees in special housing are afforded visitation.				
15.	Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			
16.	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.				

PART 5	– 32. V	ISITATION					
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.							
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes						
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				The facility has three private consultation rooms available for attorney visits.			
19. There are written procedures governing detainee searches.				The written procedures are contained in policy 9-5, Searches of Inmates and Various Areas.			
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.							
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.				Photo identification is required prior to entry into the facility.			
 The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas. 							
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.							
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.							
 Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval. 							
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.				·			
PART 5 – 32	. VISITA	ATION					
☑ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other sources used, etc.) The facility provides non-contact visitation for the general public. Attorney and professional visitation is through contact visitation in rivate rooms in the visiting area. Based on a review of documents, staff interviews, and observation of daily activities, it was etermined that the facility meets the requirements for the PBNDS for Visitation.							
(b)(6), (b)(7)c / January 20 Reviewer's Signature / Date (b)(6), (b)(7)c							

PART 5 – 33. VOLUNTARY WORK PROGRAM							
nu 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.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has a voluntary work program.						
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.						
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			Detainees are not allowed to work outside the secure perimeter.		
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 	\boxtimes			The written procedures are contained in policy 19-100, Voluntary 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.						
7.	Detainee volunteers ordinarily work according to a fixed schedule.				Each department has a fixed work schedule for the detainee workers.		
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.						
10.	The voluntary work program meets:						
	OSHA standardsNFPA standardsACA standards	\boxtimes					
11.	Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure						
12.	Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes					

PART 5 – 33. VOLUNT	ARY W	ORK PRO	GRAN	ļ .		
This Detention Standard provides detainees opportunities to number of work opportunities available and within the consilegally required to do so, ICE/DRO affords working detained (OSHA) protections.	straints ees bas	of safety, s ic Occupat	ecurity ional S	, and good Safety and	d order. Whil Health Admir	e not nistration
☐ Check here if ICE detainees are not authorized to we and move to next section.	ork at t	ne iGSA ta	сину.	Mark NA	on Form G-3	24A, page 3
Components	Meets Standard	Does Not Meet Standard	N/A		Remarks	
13. Proper procedure is followed when an ICE detainee is injured on the job.						
PART 5 – 33. VOLUNTA	RY W	ORK PRO	GRAN			
⊠ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A		□Rep	eat Finding	
Remarks: (Record significant facts, observations, other source The facility provides the detainees the opportunity to work within the training and medical screening, as required, prior to starting an assist interviews, and observation of daily activities, it was determined the Work Program. (b)(6), (b)(7)c January 20 Reviewer's Signature / Date (b)(6), (b)(7)c /	ne consti gnment.	raints of the Based on a	review	of documen	nts, staff and de	etainee

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

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PART (ā = .	34.	DEL	AINEE	HAND	BOOK

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.				The facility provides a local handbook and the ICE National Detainee Handbook.
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			The facility uses Language Line Services for interpretation needs.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			The facility has an orientation video in both English and Spanish.
5.	The handbook supplements the facility orientation video where one is provided.				
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			The quality assurance manager conducts the review annually.
8.	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 				
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
10	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11	The handbook states when a medical examination will be conducted.	\boxtimes			The handbook states that a medical screening will occur upon initial intake.
12	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.				
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			

DADT 6 - 24 I)ET AIN	EE UAND	POOK			
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		
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.						
15. The handbook describes barber hours and hair cutting restrictions.						
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes					
17. The handbook addresses religious programming.						
 The handbook states times and procedures for commissary or vending machine usage. (Where available) 				The commissary is open Monday - Friday with items subject to limitation and/or changes without notification.		
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.				The handbook states that the law library is located in the south corridor across from the "A" building commissary.		
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.						
 The handbook/supplement provides local ICE contact information. 						
23. The handbook describes the facility contraband policy.						
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.				The handbook describes the visiting procedures. Visiting days alternate according to the last digit of the detainee's "A" number.		
 The handbook describes the correspondence policy and procedures. 	\boxtimes					
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. 	\boxtimes					

Time limits in the Disciplinary Process. Summary of Disciplinary Process.

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	
27. The grievance section of the handbook explains all steps in the grievance process – Including:					
 Informal (if used) and formal grievance procedures; 					
 The appeals process; 					
 In CDFs procedures for filing an appeal of a grievance with ICE. 				The handbook provides the addresses and telephone numbers to Homeland Security, and the local ICE Field Office.	
 Staff/detainee availability to help during the grievance process. 					
 Guarantee against staff retaliation for filing/pursuing a grievance. 					
 How to file a complaint about officer misconduct with the Department of Homeland Security. 					
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes				
29. The handbook describes the facility recreation policy including:					
 Outdoor recreation hours. 					
 Indoor recreation hours. 			Ш		
 In dorm leisure activities. 					
Rules for television viewing.					
 The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. 					
 The handbook specifies the rights and responsibilities of all detainees. 	\boxtimes				
32. Detainees are required to sign for the handbook to ensure accountability.				The detainee signs for the handbook on the Receiving/Discharge Checklist.	
 Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand. 					
PART 6 - 34. DETA	INEE H	ANDBOO	K		
⊠ Meets Standard □ Does Not Meet Sta	ndard	□ N/A		☐Repeat Finding	

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

The facility provides a local handbook in both English and Spanish in addition to the ICE National Detainee Handbook. The local handbook provides supplements on suicide, depression, and preventing sexual abuse. Based on a review of the handbook as well as staff and detainee interviews, it was determined that the facility meets the requirements of the PBNS for Detainee Handbook.

(b)(6), (b)(7)c Januar Reviewer's Signature / D

PART 6 - 35. GRIEVANCE SYSTEM							
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees are informed about the facility's informal and formal grievance system.	\boxtimes			The handbook and orientation video both provide information regarding the grievance process.		
	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).						
	 The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filling/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 						
	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.				The facility allows up to seven days for a detainee to notify a staff member of an incident.		
	 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. 						
	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes					
	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			Staff is trained and appeared to be familiar with procedures regarding how to identify emergency grievances.		
	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes					

PART 6 – 35. GR	EVANC	E SYSTE	M	
This Detention Standard protects detainees' rights and ens they may file formal grievances and receive timely respons	ures the ses.	y are treat	ed fair	ly by providing a procedure by which
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 				The facility tracks "nuisance complaints" as not grieveable.
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.				
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				Procedures are in place for the detainee to file a grievance directly with ICE.
12. Informal resolution of a written grievance is documented in the detainee's Detention File.				
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes			
 14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 				
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 facility allows up to five days after the informal resolution outcome to file a formal complaint.
PART 6 – 35. GRI	EVANC	E SYSTEM	И	
	andard	□ N/A	\	Repeat Finding
Remarks: (Record significant facts, observations, other source facility Policy 14-5, Inmate/Resident Grievance Procedures, covers se of the system as most peeding to a second se	s the pro	cedural requ	uireme	nts of the standard. There is a minimal

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL						
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility provides a designated law library for detainee use.	\boxtimes			The facility has separate law libraries for male and female detainees.	
2.	The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.				ICE provides the LexisNexis program for detainee use.	
3.	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both.				The male law library has five computers, three printers/copiers, and ample supplies. The female law library has three computers and one printer/copier.	
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.				Both libraries are well lit with ample supplies and offer a quiet setting for the detainees.	
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	\boxtimes				
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.				A computer diskette is provided for a detainee's use.	
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	\boxtimes			ICE provides the updates, which are installed by facility staff.	
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	\boxtimes			The Library Coordinator indicated that materials are accepted from outside sources only after ICE has approved them.	
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.					
10.	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes				

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL								
This Detention Standard protects detainees' rights by ensu	ring the	ir access t	o cou	rts, 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.				Requests are submitted for ICE approval before material is acquired.				
 The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security. 				Policy permits and observation found detainees assisting other detainees during the review.				
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			A detainee may keep legal materials and retrieve stored legal materials based on interviews with staff in Admissions and Release.				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				A detainee housed in segregation may use the law library alone, if needed.				
16. All denials of access to the law library fully documented.	\boxtimes			None have occurred.				
 Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials. 								
 Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. 	\boxtimes			This is precluded by policy and no instances were recorded.				
Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	\boxtimes							
PART 6 – 36. LAW LIBRARI	ES ANI	D LEGAL	MATE	RIAL				
☑ Meets Standard ☐ Does Not Meet Sta	Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other sources used, etc.) An interview with the Library Coordinator, a tour of the libraries, and testing of the LexisNexis system indicated that the facility meets the requirement of the PBNDS for Law Libraries and Legal Material.								
(b)(6), (b)(7)c January 20 Reviewer's Signature (b)(6), (b)(7)c (b)(6) (b)(7)(c)								

	PART 6 - 37. LEGAL RIGHT	<u> </u>	**		
Th pe	is Detention Standard protects detainees' rights by ens rsons and organizations for the purpose of informing the	suring to om of U	heir acces .S. immigr	s to in ation l	formation presented by authorized aw and procedures.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	☐ Check here if No Group Presentations were cond Acceptable overall and continue of				
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	\boxtimes			The Field Office has approved "Y International" as a provider of Legal Orientation Presentations for detainees.
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	\boxtimes			
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.	\boxtimes			The facility has a permanent posting that notifies the detainees of the legal presentations.
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	\boxtimes			All detainees held at the facility are individually offered an opportunity to participate in one of the programs. No denials have been recorded.
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.				Multiple sessions are held if the numbers require it.
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	\boxtimes			No requests have been received.
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.				
9.	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	\boxtimes			
10.	Staff permit presenters to distribute ICE/DRO-approved materials.	\boxtimes			Any materials distributed have been approved.
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.	\boxtimes			

PART 6 - 37. LEGAL RIGHT	s GRO	UP PRESE	NTAT	'IONS	
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
☐ Check here if No Group Presentations were cond Acceptable overall and continue of					
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	\boxtimes			Facility staff indicated that ICE had removed an Attorney several years ago for soliciting business during a session.	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.				The facility does play the "Know Your Rights" video during orientation and on the closed cable television (CCTV) system.	
A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	\boxtimes				
15. The facility maintains equipment for viewing approved electronically formatted presentations.					
PART 6 - 37. LEGAL RIGHTS	S GRO	UP PRESE	NTAT	IONS	
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					
Remarks: (Record significant facts, observations, other sour The facility policy 15-100, Legal Rights Group Presentations, mirror observed in the facility on Thursday morning and found to be informable (b)(6), (b)(7)c January 20, 20 (b)(6), (b)(7)c Reviewer's Signature / I	ors the s	tandard. Th	e Y Int	ernational group's presentation was	

Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

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- **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.

	Components	Meets Standard	Does Not Meet Standard	ΑN	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				The facility uses an electronic file as well as a hard copy detention file.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.				ICE forms, classification information, and property receipts were found in the files reviewed.
3.	 generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 				A review of files maintained in the Records Office indicated that all relevant information concerning the detainee's confinement is properly placed in the detention file.
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.				
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.				Ten files of new releases were reviewed and final receipts and other release paperwork was found to be completed.
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.				The facility marks the files "ATW" and places them in a separate lockable file, 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			ICE staff approves any copies sent to the receiving facility.
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.				Proper security procedures were observed in practice.
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.				While no releases of information were found, staff indicated ICE must approve any release and would provide the form for the detainee to sign.
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.				Electronic data is protected in the same manner as traditional files.

PART 7 – 38. DE	TENTI	ON FILES	S 211			
This Detention Standard contributes to efficient and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours a file of all significant and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more than 24 hours and responsible booked into a facility for more	This Detention Standard contributes to efficient and responsible facility management by maintaining for each detained 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		
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.						
 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.				Local Policy 1-15, Retention of Records, indicates that files may be purged after six years in accordance with the standard.		
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	This is not an IGSA facility.		
PART 7 – 38. DE	TENTI	ON FILES				
Remarks: (Record significant foots, observations, other sources used, etc.) (b)(6), (b)(7)c January 20, 20 (c)(6), (b)(7)c Reviewer's Signature / D						

PART 7 - 39. NEWS MEDIA	INTER	VIEWS AN	ID TO	URS	
This Detention Standard ensures that the public and the responsibility through interviews and tours.	media	are inform	ed of	events within the facility's areas of	
Components	Meets Standards	Does Not Meet Standards	A/N	Remarks	
 The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation. 				Based on an interview with the AFOD at the facility, it was determined that the FOD is responsible for approving all requests.	
 All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File. 				The AFOD was aware of the requirements. However, no interviews have been conducted in the past year.	
 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. 					
 Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her. 					
 All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 				Facility Policy 14-3, Inmate / Resident Contact with News Media, addresses these requirements.	
PART 7 - 39. NEWS MEDIA	INTER	VIEWS AN	D TO	URS	
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A	\	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Although no requests have been received in the past 12 months, it was determined through interviews that both the warden and the					

Although no requests have been received in the past 12 months, it was determined through interviews that both the warden and the AFOD are aware of their respective responsibilities. Facility Policy 14-3, Inmate/Resident Contact with News Media, meets the requirements of the PBNDS for News Media Interviews and Tours.

(b)(6), (b)(7)c January 20, 2011 Reviewer's Signature / Date	(b)(6), (b)(7)c (b)(6) (b)(7)((c)
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	PART 7 – 40. STAFF TRAINING						
Tr re	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.						
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 Manager is well qualified having received various certifications, including certification in a Train the Trainer program from the State of Texas.		
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes					
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems.				Hard copy as well as electronic files are maintained.		

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards 				The training schedule for all new employees was reviewed and includes all of the topics required by this component. In addition, a class of new employees was observed while in training.

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

	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.				A review of the training plan for these staff indicated compliance with these topics.

PART 7 - 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. Does Not Meet Standard Components Remarks 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions Occupational exposure \boxtimes DIHS conducts training for its staff. Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. National Detention Standards. Medical grievance procedures and protocol. Requirement for special needs detainees. Code of Ethics Drug free workplace

Hostage situations and staff conduct if taken

hostage.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 				A review of the training program with the Training Manager indicated all of these topics were included.
 11. Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. 				(b)(7)e
12. Facility management and supervisory staff receive:Management and Supervisory training				Various programs are offered for Supervisors and Managers.
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	\boxtimes			Staff is trained appropriately and carries cards to verify their qualifications.
 (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually. 				Weapons qualifications were current at the time of the inspection.

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, an requiring that they receive initial and ongoing refresher train		teers are o	compe	tent in their assigned duties by	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	\boxtimes			Training files reviewed indicated compliance with this requirement.	
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 				The program is well designed to effectively familiarize staff with the drug free workplace program.	
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug- free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.				The signed acknowledgement forms were found in individual personnel files maintained by the Human Resource Manager.	
 18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 					
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.					

		Γ		
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes:				
 Recognizing of signs of potential health emergencies and the required responses. 				
 Administering first aid and cardiopulmonary resuscitation (CPR). 				All detention officers receive annual
Obtaining emergency medical assistance through the facility plan and its required procedures.				CPR training, as required.
 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. 				
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:				
 Understanding that sexual abuse or assault is never an acceptable consequence of detention. 				
 Recognizing housing or other situations where sexual abuse or assault may occur. 				
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 				
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 				Staff receives annual training. Various unit staff interviewed were familiar with the Suicide Prevention and Intervention Program.
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.				Documentation supports staff is properly trained.
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.				The Training Manager is a trained locksmith and provides the appropriate training.
 25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 				A review of subject matter taught during annual training found that all areas are included, as required.

PART 7 – 40. S	TAFF T	RAINING				
This Detention Standard ensures that staff, contractors, an requiring that they receive initial and ongoing refresher train	d volun	teers are o	ompe	tent in their assigned duties by		
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			The facility has several tuition assistance programs for detention staff.		
PART 7 – 40. ST	TAFF T	RAINING		<u> </u>		
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Meets Standard Does Not Meet Sta	andard	N/A				

PART 7 - 41. TRANSI	FR OF DETAINEES
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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	A/N	Remarks
1.	When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.	\boxtimes			An IEA responsible for transfers indicated that ICE makes all
	 The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 				notifications.
2.	location of the new facility,	\boxtimes			
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			
5.	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 				ICE staff provides about a (b)(7)e (b)(7)e to the facility. The facility follows the appropriate procedures for preparing the detainee for transfer.
	The detainee is provided with a completed Detainee Transfer Notification Form.				According to the IEA responsible for transfers, the notification form is provided to all detainees.
	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			ICE uses the Form I-203 for removal from this facility.
8.	 For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. 				Field Office staff (AFOD) at the facility indicated that they work with DIHS staff to coordinate medical transfers in accordance with the standard.
	Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.	\boxtimes			DIHS staff will prepare the summary sheet.

PART 7 - 41. TRANS						
This Detention Standard ensures that transfers of detainee managed in regard to notifications, detainee records, safety property.	s from o / and se	one facility t curity, and	o anot prote	her are professionally and responsibly ction of detainee funds and personal		
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
 For medical transfers, transporting officers receive instructions regarding medical issues. 						
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.				All property and valuables are returned to the detainee upon departure.		
12. Transfer and documentary procedures outlined in Section C and D are followed.						
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.						
 Meals are provided when transfers occur during normally schedule meal times. 	\boxtimes			While not a normal occurrence, meals would be provided.		
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	\boxtimes					
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes					
PART 7 - 41. TRANS	FER O	DETAIN	EES			
⊠ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sour Interviews with the AFOD and an IEA responsible for transfers, as indicated compliance with the requirements of the PBNDS for Transb)(6), (b)(7)c January (b)(6), (b)(7)c (b)(6) (b)(7)(c)	well as	bservation	of ope	rations in Admissions and Release,		

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



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

September 9, 2008

Detention Management Division 801 I Street NW Washington, DC 20536

What is "Performance-Based"?

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

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

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

Worksheet Overview

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

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

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

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

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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PART 1 - 1. EMERGENCY PLANS

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

Worksheet Outcome Item # Numerator/Denominator		Value	Outcome Measure	
17	1 (Key) (1C09)	Number of injuries resulting from fires requiring medical treatment	0	
		divided by the average daily population (ADP)	856	0
19,21	2 (Key)	Number of fires that resulted in property damage	0	
	(1C10)			
04	0.44	divided by the average daily population (ADP)	856	0
21	3 (Key)	Number of hours that facility operations were suspended due to emergencies that were not	0	
	(1C08)	caused by forces external to the facility		
		divided by the number of emergencies.	0	0
21	(1C01)	Number of emergencies, caused by forces external to the facility, that result in property damage	0	
	`	divided by the average daily population (ADP)	856	0
21	5	Dollar amount of property damage from fire	0	
	(1C11)	divided by the average daily population (ADP)	856	0
21	6	Number of code violations cited	0	
	(1C12)	divided by the average daily population (ADP)	856	0
21	7 (1C14)	Number of incidents of inventory discrepancies	0	
		divided by the average daily population (ADP)	856	0
21	8	Number of incidents involving toxic or caustic materials	0	
	(1C13)	divided by the average daily population (ADP)	856	0

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Outcome Measures Worksheet							
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure			
3, 8, 13	1 (Key)	Number of worker's compensation claims filed for injuries that resulted from the physical environment.	0				
	(1A01)	divided by the average number of full-time equivalent staff positions	(b)(7)e	(b)(7)e			
1,8,13,18	2 (Key) (1A04)	Number of physical injuries or emotional traumas requiring treatment as a result of the physical environment of the facility	0				
		divided by the average daily population.	856	0			
27,30,31	3 (Key)	Number of sanitation or health-code violations	0				

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

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	(1A06)	identified by external agencies		
	1	divided by the average daily population (ADP)	856	0
3,10,17,36	4 (Key) (1A08)	Number of detainee grievances related to safety or sanitation found in favor of detainees	0	
		divided by the number of detainee's grievances related to safety or sanitation.	0	0
9	5 (Key) (1A10)	Number of detainee injuries resulting from fires requiring medical treatment in a 12-month period	0	
·		divided by the average daily population (ADP)	856	0
19,30,31,33, 36,37	6 (1A02)	Number of illnesses requiring medical attention as a result of the physical environment of the facility	0	
		divided by the average daily population	856	
27,30,31	7	Number of health code violations corrected	0	
	(1A07)	divided by the number of health code violations identified.	0	0
9	8	Number of fire-code violations corrected	0	
	(1A09)	divided by the number of fire code violations cited by jurisdictional authority.	0	0
15	9 (1A11)	Number of detainee injuries (other than by fire) requiring medical treatment	129	
		divided by the average daily population.	856	0
9	10 (1A12)	Number of staff injuries resulting from fires requiring medical treatment	0	
	(1/4/2)	divided by the average daily number of staff in the past 12 months.	(b)(7)e	(b)(7)e
15	11	Number of staff injuries (other than fire)	11	
	(1A13)	requiring medical treatment		
	(17(13)	divided by the number of fire related incidents during the past 12 months.	0	0
15	12	Number of detainee lawsuits related to safety or sanitation found in favor of the detainee	0	
	(1A14)	divided by the number of detainee lawsuits related to safety or sanitation	0	0

PART 1 – 3. TRANSPORTATION (BY LAND)

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

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party	0	
	(1B02)	divided by the average daily population (ADP)	856	0
12	2	Number of vehicle accidents resulting in property damage	0	
		divided by the total number of trips	5,299	0
12	3	Dollar amount of damage from vehicle accidents resulting in property damage	0	
	(1B03)	divided by the total number accidents	0	0
	(1B03)	divided by the total number accidents	0	

PART 2 - 4. ADMISSION AND RELEASE

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

Outcome I	Measures	W	orksheet/
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Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Total number of detainees who received orientation presentations over the last year	18,650	
		divided by the total number of detainees admitted into the facility over the last year	18,650	1
			1000	77.73

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.

Outcome	Measures	Worksheet
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Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1 (Key)	Number of escapes from the facility	0	
	(2A05)	divided by the average daily population.	856	0
2,3,4	2	Number of level 1 detainees admitted during the past 12 months	12,682	
		divided by total number of detainees admitted during the past 12 months	18,650	0.68
2,3,4	3	Number of level 2 detainees admitted during the past 12 months	4,103	
		divided by total number of detainees admitted during the past 12 months	18,650	0.22

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2,3,4	4	Number of level 3 detainees admitted during the past 12 months	1,865	
		divided by total number of detainees admitted during the past 12 months	18,650	0.1
9,10,11	5	Number of classification appeals won over the last 12 months	0	
		divided by the number of classification appeals filed over the last 12 months	0	0

PART 2 - 6. CONTRABAND

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

Ou:	tcome	N	leasures	W	/or	ksł	neet

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
6,7	1 (Key)	Number of weapons found in the facility over the past 12 months	0	
	(2C03)	divided by the average daily population.	856	0
6,7	2 (Key)	Number of controlled substances found in the facility	0	
	(2C04)	divided by the average daily population.	856	0
8	3	Number of incident reports involving contraband	1	
	(2C01)	divided by the average daily population.	856	

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
13 1	1	Number of incidents	63	
	(2A01)	divided by the average daily population.	856	0.0735981
3,4	3	Number of full time employees (FTE) filled		
		Number of FTE authorized		(b)(7)e
		Number of security employees (FTE) filled	(b)(7)e	(b)(1)c
		Number of security FTE authorized		(b)(7)e

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.

VA71 1 4	The	Outcome Measures Worksheet	1	1 -
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
29, 30, 31	1 (Key)	Number of missing property claims submitted during the past 12 months	2	The second secon
		divided by the number of detainees admitted during the past 12 months	18,650	0.0001072
29, 30, 31	2 (Key)	Number of grievances filed by detainees regarding their property	0	
	(7D03)	divided by the average daily population.	856	0
7	3 (Key)	Number of detainee grievances on property decided in favor of detainees	0	
	(7D04)	divided by the total number of detainee grievances on property.	0	0

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

Outcome Measures Worksheet						
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure		
6	1 (Key)	Number of detainees kept in hold rooms beyond the 12 hour time constraint in the past 12 months	0			
		divided by the number of admissions	18,650	0		
			7.			

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.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
21 1	1	Number of incidents involving keys	0	
	(2D01)	divided by the average daily population.	856	0
21	2	Number of incidents involving locks	0	
		divided by the average daily population.	856	0
			4.24	

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.

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1	Number of incident reports involving count issues (delayed counts, inaccurate counts, recounts)	0	
		divided by the total number of counts.	3,650	0

PART 2 - 12. POST ORDERS

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

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

PART 2 – 13. SEARCHES OF DETAINEES

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
5	1 (Key)	Number of strip searches conducted over the past 12 months	0	
		divided by number of detainees admitted into the facility over the past 12 months	18,650	0

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.

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Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
10	1 (Key)	Number of confirmed sexual misconduct incidents between staff and detainees	2	
	(4D11)	divided by the average daily population for the past 12 months.	856	0.0023364

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10	2 (Key)	Number of confirmed sexual misconduct	0	
	(4D12)	incidents between volunteers and/or contract personnel and detainees		
		divided by the average daily population.	856	0
10	3	Number of alleged sexual misconduct incidents between staff and detainees	0	
	(4D09)	divided by the average daily population.	856	0
10	(4D10)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees	0	
		divided by the average daily population.	856	0

PART 2 - 15. SPECIAL MANAGEMENT UNITS

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

Outcome	Meagures	Worksheet
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Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
47	1	Number of detainees held in SMU beyond 30 days during the past 12 months	3	
		divided by the number of admissions to segregation in the past 12 months	277	0.0108303
36	2	Number of grievances regarding access to courts found in favor of the detainee during the past 12 months while in SMU	0	
		divided by the number of grievances regarding access to courts during the past 12 months while in SMU	0	0
40,41,42	3	Number of grievances regarding access to recreation activities found in favor of the detainee during the past 12 months while in SMU	0	
		divided by the number of grievances regarding access to recreation activities during the past 12 months while in SMU	0	0
1	4	Number of incidents in SMU	3	
		divided by the number of admissions to SMU.	277	0.0108303

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.

Worksheet	Outcome	Outcome Measures Worksheet Numerator/Denominator	Value	Outcome
Item #	Measure	Numerator/Denominator	value	Outcome Measure
1,2,3	1 (Key)	Number of ICE scheduled visits during the last 12 months	580	
		divided by 52 (weeks).	52	11.153846
1,2,3	2	Number of ICE unannounced visits during the last 12 months	110	
		divided by 52 (weeks).	52	2.1153846
5,8,9	3	Number of Staff Detainee Request forms responded to within 72 hours	15,825	
		divided total number of Staff Detainee Request forms for the past 12 months	15,875	0.9968503

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.

Outcome Measures Worksheet				
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3	1	Number of incidents involving tools	1	
	(2D02)	divided by the average daily population.	856	Ö
3	2	Number of incidents involving culinary equipment	0	
	(2D03)	divided by the average daily population.	856	0
3	3	Number of incidents involving medical equipment and sharps	0	
	(2D04)	divided by the average daily population.	856	0

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

	Outcome Measures Worksheet				
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
7, 28	1 (Key)	Number of instances in which force was used	10		
	(2B01)	divided by the average daily population.	856	0.0116822	
7, 9	2 (Key)	Number of times that staff uses of force were found to have been inappropriate	1		
	(2B03)	divided by the number of uses of force	10	0.1	
16,21	3 (Key)	Number of injuries requiring medical treatment resulting from staff use of force	0		
	(2B06)	divided by the average daily population	856	0	
7, 9	4 (Key) (2B04)	Number of detainee grievances filed alleging inappropriate use of force decided in favor of the detainees	0		
		divided by the number of grievances alleging inappropriate uses of force.	2	0	

PART 3 - 19. DISCIPLINARY SYSTEM

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of rule violation reports	187	
(1	(3A01)	divided by the average daily population.	856	0.2184579
1	2 (Key)	Number of assaults detainee against detainee	12	
	(3A02)	divided by the average daily population	856	0.0140186
1	3 (Key) (3A02)	Number of assaults detainee against staff	7	
		divided by the average daily population	856	0.00817750
1	4 (Key)	Number of 100 and 200 level violations	201	
		divided by the average daily population.	856	0.234813
1 5 (Key)	5 (Key)	Number of 300 and 400 level violations	80	
		divided by the average daily population.	856	0.0934579
6	6	Number of disciplinary violations resolved at the unit level	37	
		divided by the total number of disciplinary violations adjudicated	187	0.1978609

PART 4 - 20. FOOD SERVICE

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

		Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3	1 (Key)	Number of documented detainee illnesses attributed to food service operations	0	
	(4A01)	divided by the average daily population (ADP)	856	
3	2 (Key) (4A02)	Number of detainee grievances about food service decided in favor of the detainee the past 12 months	0	
		divided by the number of detainee grievances about food service.	1	0
52	3 (Key) (4A03)	Number of violations cited by independent authorities for food sanitation in the past 12 months.	0	

PART 4 - 21. HUNGER STRIKES

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of hunger strikes during past 12 months	1	
		divided by the average daily population	856	0.00116820
13 2 (Ke	2 (Key)	Number of detainees transported to outside facilities as a result of a hunger strike	0	
		divided by the number of hunger strikes during the past 12 months	1	0

PART 4 - 22. MEDICAL CARE

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

Outcome Measures Worksheet						
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure		
	1 (Key)	Number of detainee deaths due to injuries	0			
	(4C12)	divided by the average daily population.	856	0		
67 2 (Key) (4C13)	Number of medically expected detainee deaths	0				
	(4013)	divided by the average daily population.	856	0		

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67	3 (Key)	Number of medically unexpected detainee deaths	0	
	(4C14)	divided by the average daily population.	856	0
29,67	4 (Key)	Number of detainee admissions to off-site hospitals	50	
	(4C16)	divided by the average daily population.	856	0.0584112
5,29	5 (Key) (4C17)	Number of detainees transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions	50	0.0384112
		divided by the average daily population.	856	0.0584112.
1	6 (Key)	Number of detainee grievances about access to health care services found in favor of the	0	0.0004112.
	(4C19)	detainee		
		divided by the number of detainee grievances about access to healthcare services	0	0
1	7 (Key)	Number of detainee grievances related to the quality of health care found in favor of detainees	0	
	(4C20)	Divided by the number of detainee grievances related to the quality of health care	6	0
2,9	8 (Key)	Number of staff with lapsed licensure and/or certification	0	
	(4D01)	divided by the number of licensed or certified staff.	(b)(7)e	
23	9	Number of detainees with a positive tuberculin skin test on admission	0	
	(4C01)	divided by the number of admissions.	856	0
23	10	Number of detainees diagnosed with active tuberculosis	26	
	(4C02)	divided by the average daily population.	856	0.0303738
23	11	Number of conversions to a positive tuberculin skin test	0	
	(4C03)	divided by the number of tuberculin skin tests given.	0	0
23	12	Number of detainees with a positive tuberculin skin test who complete prophylaxis treatment for	0	
	(4C04)	tuberculosis divided by the number of detainees with a positive tuberculin skin test on prophylaxis treatment for tuberculosis.	0	0
14	13	Number of Hepatitis C positive detainees	23	
	(4C05)	divided by the average daily population.	856	0.0268691
44	14	Number of HIV positive detainees	39	
,	(4C06)	divided by the average daily population.	856	0.0455607

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.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,2	1 (Key) (4B01)	Detainee grievances regarding detainee access to personal hygiene decided in favor of the detainee	0	
		divided by the average daily population.	856	0
1,2	2 (Key)	Number of detainee grievances related to hygiene found in favor of the detainee	0	
	(4B04)	divided by the number of detainee grievances related to hygiene.	0	0
7,8	(4B03)	Number of detainees diagnosed with hygiene-related conditions (scabies, lice, or fungal infections)	11	
		divided by the average daily population.	856	0.0128504
7	4	Number of detainee lawsuits related to hygiene found in favor of the detainee.	0	
	(4B05)	divided by the number of detainee lawsuits related to hygiene	0	0

PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3	1 (Key)	Number of detainee suicide attempts	1	
	(4C09)	divided by the average daily population	856	0.0011682
4	2 (Key)	Number of detainee suicides	0	
	(4C10)	divided by the average daily population.	856	0

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. Outcome Measures Worksheet Worksheet | Outcome | Numerator/Denominator | Value | Outcome | Measure | Measure |

Worksheet Item #	Outcome Measure	Numerat	or/Denominator	Value	Outcome Measure
		NA			
	<u> </u>	.:			

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL

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

Worksheet Outcome Measure		Numerator/Denominator	Value	Outcome Measure
8,9,10	1 (Key)	Number of detainee grievances regarding correspondence and other mail	0	
		divided by the average daily population	856	0
8,9,10	2 (Key)	Number of detainee grievances regarding correspondence and other mail decided in favor of detainees	0	
		divided by the total number of grievances	48	0

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

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

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

PART 5 - 28. MARRIAGE REQUESTS

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

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

PART 5 - 29. RECREATION

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

		Outcome Measures Worksheet		·
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,6,7,8	1	Average number of detainees participating in recreation per day	320	
		divided by the average daily population	856	0.3738317
18 2	2	Number of detainee grievances, regarding: recreation	0	
		divided by the average daily population.	856	
1	3	Number of detainee voluntary transfers (recreation related) approved	0	
		divided by the total number of voluntary transfers (recreation related) requested	0	0
1	4	Number of voluntary transfers (recreation related) requested	0	
		divided by the average daily population	856	0
-				

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.

	1 -	Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of detainee grievances regarding religious practices	0	
		divided by the average daily population.	856	0
1	2	Number of detainee grievances regarding religious practices decided in favor of detainees	0	
		divided by the total number of grievances filed	48	0

PART 5 - 31. TELEPHONE ACCESS

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
27	1	Number of detainee grievances regarding telephone access	0	
		divided by the average daily population.	856	0
27	2	Number of detainee grievances regarding telephone access decided in favor of detainees	0	
		divided by the total number of grievances filed	48	0

PART 5 - 32. VISITATION

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1	Number of detainee grievances regarding visitation	0	
		divided by the average daily population.	856	0
1 2	2	Number of detainee grievances regarding visitation decided in favor of detainees	0	
		divided by the total number of grievances filed	48	0

PART 5 - 33. VOLUNTARY WORK PROGRAM

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

		Outcome Measures Worksheet		
Workshe etitem #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
8	1	Number of detainee grievances regarding voluntary work program	0	
		divided by the average daily population.	856	0
8	2	Number of detainee grievances regarding voluntary work program decided in favor of detainees	0	
		divided by the total number of grievances filed	48	0
1,3	3	Average number of detainees participating in the voluntary work program	225	
		divided by the average daily population	856	0.2628504

1,3	4	Average monthly total wages paid to detainees	5,498	
		divided by the average daily population	856	9.92757
				V

PART 6 - 34. DETAINEE HANDBOOK

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

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

PART 6 - 35. GRIEVANCE SYSTEM

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
7	1 (Key)	Number of detainee grievances regarding discrimination	0	
	(6B01)	divided by the average daily population.	856	0
8,11	2 (Key)	Number of detainee grievances regarding discrimination resolved in favor of detainees	0	
	(6B02)	divided by the total number of detainee grievances filed regarding discrimination.	0	0
8,11	3 (Key)	Number of grievances resolved in favor of detainees	0	
	(6B03)	divided by the average daily population.	856	0
8,11	4 (Key)	Number of grievances resolved in favor of detainees	0	, , , , , , , , , , , , , , ,
	(6B04)	divided by the total number of grievances filed.	48	0

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
18 1	1	Number of detainee grievances regarding access to court decided in favor of detainees.	0	
		divided by the total number of grievances filed	48	0
18	2	Number of detainee grievances, regarding access to court	0	
		divided by the average daily population.	856	0

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS

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

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

PART 7 - 38. DETENTION FILES

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1	Number of detainee grievances on records decided in favor of detainees	0	
(7D04)	(7D04)	divided by the total number of detainee grievances.	48	0
2 2 (7D03)	Number of detainee grievances on records	0		
	(7D03)	Divided by the average daily population.	856	0
<u> </u>				

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.

Outcome Measures Worksheet					
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure	
1,3	1 (7F03)	Number of complaints filed by the public/media regarding access to information and/or the facility	2		
		divided by the average daily population.	856	0.0023364	
1,3	2	Number of positive letters/news articles made by the public/media regarding the facility	5		
	(7F04)	divided by the average daily population.	856	0.0058411	

PART 7 - 40. STAFF TRAINING

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of staff who left employment for any reason	(b)(7)e	
	(7B02)	divided by the number of full-time equivalent staff positions.		(b)(7)e
4	2	Number of initial training hours provided in the past 12 months	6,854	
		divided by the number of staff hired in the past 12 months	(b)(7)e	(b)(7)e
4 3	3	Number of annual training hours provided in the past 12 months	9,806	
		divided by the average number of FTE in the past 12 months	(b)(7)e	(b)(7)e
26	4	Number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education	0	
		divided by the number of full-time equivalent staff positions.	(b)(7)e	0
26	5	Number of professional development events attended by staff	2	
		divided by the number of full-time equivalent staff positions	(b)(7)e	(b)(7)e

This Detention and responsible detainee fund	oly managed in	sures that transfers of detainees from on n regard to notifications, detainee records il property.	e facility to another as, safety and security	are professionally y, and protection o
		Outcome Measures Workshe	et	<u> </u>
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
		NA		



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

Contract # HSCECR-09-C-00004

ICE National Detention Standards Compliance Review

Facility:

Houston Processing Center

Inspection Date:

January 18, 2011 – January 20, 2010

Report Date:

January 21, 2011



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

January 21, 2011

MEMORANDUM FOR:

James M. Chaparro

Director

Office of Enforcement

FROM:

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

Lead Compliance Inspe

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

SUBJECT:

Houston Processing Ce

Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) Performance Based National Detention Standards (PBNDS) at the Houston Processing Center (HPC) located in Houston, Texas, during the period of January 18-20, 2011. This is a Contract Detention Facility (CDF) facility owned and operated by Corrections Corporation of America.

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

Subject Matter Field	Team	Member
Security		
Medical Care	(1)(0) (1)(7)	
Food Service	(b)(6), (b)(7)c	
Environmental Health and Safety		

Type of Review

This review was a scheduled annual inspection, which was performed to determine overall compliance with the ICE PBNDS for Over 72 hour facilities. The facility received a previous rating of "Meets Standard" during the February 2009 inspection.

Review Summary

The American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) have all accredited the Houston Processing Center.

Standards Compliance

The following tables provide a performance summary of the standards that were reviewed and the overall compliance level determined as a result of the 2010 and 2011 annual PBNDS inspections.

2010 Inspection PBNDS Review	
Meets Standard	39
Does Not Meet Standard	0
Repeat Deficiency	0
Non-Applicable	2

2011 Inspection PBNDS Review	
Meets Standard	40
Does Not Meet Standard	0
Repeat Deficiency	0
Non-Applicable	1

PBNDS Review Components	Man	datory	Non-Ma	andatory
	2010	2011	2010	2011
Meets Component	40	40	804	805
Does Not Meet Component	0	0	0	6
Non-Applicable	0	0	45	38
Total Components	40	40	849	849
Percentage of Compliance	100%	100%	100%	99.3%

Outcome Measures:

The analysis of the Outcome Measures provided is consistent with the overall mission and security level of the Houston Processing Center.

LCI Issues and Concerns

No standards were found "Deficient" during this inspection.

Recommended Rating and Justification

The LCI recommends the facility receive a rating of "Meets Standards." The facility meets 100% of the applicable mandatory components and complies with 99.3% of the applicable non-mandatory components. One standard, Escorted Trips for Non-Medical Emergencies, was found to be "Non-Applicable."

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely recorded on the G-324A Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire inspection team, the following were present: Warden (b)(6), (b)(7)(C) Assistant Warden (6), (b)(7)Quality Assurance Managers (b)(6), (b)(7)c Chief of Securityb)(6), (b)(7)c well as all department heads and key staff of the Houston Processing Center (HPC). Captain (b)(6), (b)(7)c Health Services Administrator, and Lieutenant Commander (b)(6), (b)(7)c Program Manager/Quality Assurance Officer, represented the Department of Immigration Health Services (DIHS). Kenneth Landgrebe, Field Office Director (FOD); (b)(6), (b)(7)c Contract Officer Technical Representative (COTR); an (b)(6), (b)(7)c Contract Officer Technical Represented ICE.

(b)(6), (b)(7)c	LCI, MGT					
Printed Name/Title						

January 21, 2011 Date _+

Signature:		 	



Other Charges: (If None, Indicate N/A)
Information available upon request; ; ;
Estimated Man-days Per Year

16,632

A. Type of Facility Review	ed					
☐ ICE Service Process	sing Center	G. Accreditation	on Certificat	es		
ICE Contract Deter		List all State or National Accreditation[s] received:			l:	
	ntal Service Agreement	ACA-Jan 2008, 1				
				no accreditation		
B. Current Inspection		L 		::_	L-1	
Type of Inspection		H. Problems /	Complaints	(Copies must l	ne af	tached)
Field Office HQ Insp	ection	The Facility is un				
Date[s] of Facility Review		Court Order		Class Action C		
January 18-20, 2011		The Facility has				
tunuary 10 20, 2011		☐ Major Litigat		Life/Safety Issu		
C Provious/Most Decemt E	a allie. Daniera	Check if Nor				
C. Previous/Most Recent F Date[s] of Last Facility Review						
February 2-4, 2010	w	I. Facility His	torv			
Previous Rating		Date Built				
	ceptable Deficient At-Risk	April 1984				
Superior Good Ac	ceptable Dencient At-Risk	Date Last Remod	deled or Ungi	aded		
D. Nome and Leastion of E	'a ailite	July 2005				
D. Name and Location of F	activ	Date New Const	ruction / Bed	space Added		
Houston Processing Center		N/A		Spure Francis		
Address (Street and Name)		Future Construct	ion Planned			
15850 Export Plaza Dr.		☐ Yes ⊠ No				
City, State and Zip Code		Current Bedspac		Bedspace (# N	ew F	Beds only)
Houston, Texas 77032		1,000		er: N/A Date:	· · · ·	ous only)
County			1101110	or. 11/11 Dutc.		
Harris		J. Total Facili	ty Populatio	n		
Name and Title of Facility Administrator (Warden/OIC/Superintendent) Total Facility Intake for previous 12 results of the control of the con						
Robert Lacy, Jr., Warden		18,650				
Telephone # (Include Area Co	ode)	Total ICE Mandays for Previous 12 months				
281-44(9)(6), (b)(7)c		316,632	.ye 101 110,10			
	ffice with oversight responsibilities)					
Houston Field Office		K. Classification	on Level (IC	E SPCs and C	DFs	Only)
Distance from Field Office			L-			L-3
8 Miles		Adult Male	39			134
E ICE Information		Adult Female	95			13
E. ICE Information	Tide of D (G((')					1 10
b) (6), (b) (7) dLCI / MGT of Americ		L. Facility Cap	pacity			
Name of Team Member / Title			Rated	Operational	F	Emergency
(b)(6), (b)(7)¢/CI-Medical/MG		Adult Male	887	887		<u> </u>
		Adult Female	113	113		
Name of Team Member / Title (b)(6), (b)(7)c / CI-Food & Safet				enders 16 and ol	der a	s Adults
Name of Team Member / Title		•				
		M. Average Da	ily Populatio	n		
	(b)(6), (b)(7)c / CI-Security / MGT of America		IC	E USMS	5	Other
Name of Team Member / Title / Duty Location		Adult Male	747			
1 1		Adult Female	106			
F. CDF/IGSA Information	Only					
Contract Number	Date of Contract or IGSA	N. Facility Stat	ffing Level			
HSCEDM-09-D-00007	04/01/2009	Security:	<u> </u>	Support:		
Basic Rates per Man-Day	07/01/2009	(b)(7)e		(b)(7)e		
\$97.06		4		1-/1./		
Ψ21100	_					

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	0	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	10	1	0	1
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	0	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	3	2	0	2
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	1	1	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	2	1	0
Escapes	Attempted	0	0	0	0
•	Actual	0	0	0	0
Grievances:	# Received	6	8	10	13
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	I	0	0	0
	Number	1*	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	2	0	1
	# Psychiatric Cases referred for Outside Care	2	3	3	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.	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PA	RT1SARETY		14/3	10, 17	4 - 15
1	Emergency Plans				The state of the s
2	Environmental Health and Safety				
3	Transportation (By Land)				
PA	RT2SECURITY			19 th	
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	Ø			
14	Sexual Abuse and Assault Prevention and Intervention				
15	Special Management Units				
16	Staff-Detainee Communication				
17	Tool Control	\boxtimes			
18	Use of Force and Restraints	\boxtimes			
PA	RI 3 ORDER				
19	Disciplinary System				
PA	RICACYARE AND THE STATE OF THE			1111	482
20	Food Service	Ø			
21	Hunger Strikes				
22	Medical Care				
23	Personal Hygiene	\boxtimes			
24	Suicide Prevention and Intervention	M			
25	Terminal Illness, Advance Directives, and Death	×			
	RIT 5 AGIIMITIES				biji
26	Correspondence and Other Mail	⊠			
27	Escorted Trips for Non-Medical Emergencies				
28	Marriage Requests	\boxtimes			
29	Recreation	Ø			
30	Religious Practices				
31	Telephone Access				
32	Visitation				
33	Voluntary Work Program				
	RIT 6 X UUS TII GE		44	- , 2	
34	Detainee Handbook	\boxtimes			
35	Grievance System	☒			
36	Law Libraries and Legal Material	\boxtimes			
37	Legal Rights Group Presentations				
_	RTT/ADMINISTRATION AMANAGEMENT				
38	Detention Files				
39	News Media Interviews and Tours				
40	Staff Training	\boxtimes			
41	Transfer of Detainees	\boxtimes			

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certific controls contained in the Inspection Report are supported by evenoteworthy accomplishments are supported by sufficient and reoperating in accordance with applicable law and policy, and prosafeguarded, except for the deficiencies noted in the replaced Compliance Inspector: (Print Name)	idence that is sufficient and reliable. Furthermore, findings of liable evidence. Within the scope of the review, the facility is				
(b)(6), (b)(7)c Title & Duty Location					
Lead Compliance Inspector, MGT of America	January 20, 2011				
Team Members					
Print Name, Title, & Duty Location (b)(6), (b)(7)c CI-Medical, MGT of America	Print Name, Title, & Duty Location (b)(6), (b)(7)c CI-Food and Safety, MGT of America				
(b)(6), (b)(7)c I-Security, MGT of America	Print Name, Title, & Duty Location				
Recommended Rating: Meets Standards Does Not Meet Standards					
Comments: The facility does not use tasers or canines. The one reported death occurred in January 2011. A 30 year old	l Hispanic ICE detainee died in a local hospital as a result of				
(b)(6), (b)(7)c of this inspection. The detainee did not report any problems to 1	The autopsy report for this death had not been issued as of the date				

detainee was distressed and referred him to medical staff. The detainee was sent by emergency vehicle to the local hospital where

he passed away several days later. Local ICE staff were notified appropriately.