Condition of Confinement Review Worksheet
(This document must be attached to each G-324A Inspection Form)

This Form to be used for Inspections of all Facilities Used Over 72 Hours



# **ICE Detention Standards Review Worksheet**

State Facility – IGSA
☐ ICE Contract Detention Facility
Name
Hudson County Jail
Address (Street and Name)
35 Hackensack Avenue
City, State and Zip Code
Kearney, New Jersey 07032
County
Hudson
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6) (b)(7)(c) <b>Director</b>
Name of Lead Compliance Inspector
(b)(6), (b)(7)(c)
Date[s] of Review
From 1/4/11 to 1/6/11
Type of Review
☑ Headquarters    ☐ Operational    ☐ Special Assessment    ☐ Other

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NOTE: FOR EACH STANDARD RATED <u>BELOW</u> ACCEPTABLE, FACILITIES MUST ATTACH A PLAN OF ACTION FOR BRINGING OPERATIONS INTO COMPLIANCE. EACH FACILITY SHOULD EXAMINE THE ENTIRE WORKSHEET TO IDENTIFY AREAS OF IMPROVEMENT, INCLUDING THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

# **SECTION I DETAINEE SERVICES STANDARDS**

#### ACCESS TO LEGAL MATERIALS

POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	$\boxtimes$			The facility offers a dedicated law library for detainee use. In addition, in each housing unit a separate room is available containing the current edition of LexisNexis for all detainees' use.
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.			$\boxtimes$	The facility uses LexisNexis to provide Attachment A materials.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	$\boxtimes$			During this inspection, the library was found to be well lit, contained sufficient chairs, and isolated from noisy areas.
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	$\boxtimes$			The facility is meeting the requirements of this component.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	$\boxtimes$			Within the dedicated law library there are two computers which have the most current edition of LexisNexis, to which all detainees have access. In addition, there is a computer in each housing area which contains the most current edition of LexisNexis.
Where provided, the Lexus Nexus library is updated and is current.	$\boxtimes$			
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 ICE prior to inclusion.		$\boxtimes$		While outside persons/organizations are permitted to submit published legal material for inclusion within the library, the materials are not currently being forwarded to ICE for review prior to inclusion. During this review, on-site ICE staff indicated this would be corrected.
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	$\boxtimes$			
Detainees are offered a minimum 5 hours per week in the law library. <u>Detainees are not required to forego recreation time in lieu of library usage</u> . Detainees facing a court deadline are given priority use of the law library.	$\boxtimes$			
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	$\boxtimes$			
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	$\boxtimes$			The facility allows detainees to assist other detainees as noted in this component.
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	$\boxtimes$			
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.	$\boxtimes$			The inspection revealed detainees are allowed to maintain a reasonable amount of personal legal material within general population and the special management unit (SMU). Any request for stored material is accommodated within 24 hours.

# ACCESS TO LEGAL MATERIALS POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.

COMPONENTS	YES	No	NA	REMARKS
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	$\boxtimes$			As a result of facility security concerns, any detainee within this status must initiate a written request. ICE (on-site) and facility staff will then review the request and provide the material requested to the detainee. Any detainee denied access to legal material, for specific abuse of that privilege, will be routinely reviewed for removal of sanctions.
All denials of access to the law library fully documented.	$\boxtimes$			
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	$\boxtimes$			While this has not occurred, facility and on- site ICE staff would both immediately be made aware of any denial of detainee or detainee group access to the law library.
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	$\boxtimes$			
✓ ACCEPTABLE ☐ DEFICIENT		AT-RI	SK	REPEAT FINDING

#### REMARKS:

During this review, the law library as inspected, in conjunction with an inspection of the LexisNexis program and satellite LexisNexis access, is in compliance with the standard.

#### ADMISSION AND RELEASE

POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The	110	110	11/4	In-processing at the facility does include an
orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	$\boxtimes$			orientation. The section of the component that requires the following topics to be included in the detainee orientation is specific to SPCs or CDFs: 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; and sick call procedures. The facility orientation does not address all of the listed topics; however, they are provided in the detainee handbook.
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	$\boxtimes$			Medical screenings are performed by medical staff seven days a week, on each shift.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	$\boxtimes$			
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	$\boxtimes$			
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	$\boxtimes$			All received detainees are subject to a pat- search. A strip search only occurs if reasonable suspicion exists.
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.	$\boxtimes$			
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	$\boxtimes$			Facility staff would complete an incident report form for any missing/lost property claim. Since ICE staff is on-site, they would also be notified and receive a copy of the filed report.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	$\boxtimes$			During this review, all detainees were issued appropriate/sufficient clothing and bedding to suit the climatic conditions.
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	$\boxtimes$			
All releases are properly coordinated with ICE using a Form I-203.			$\boxtimes$	This component is only applicable for SPCs and CDF's. During this inspection, all releases were coordinated with ICE using the Form I-203.
Staff completes paperwork/forms for release as required.	$\boxtimes$			

#### ADMISSION AND RELEASE

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COMPONENTS	YES	No	NA	REMARKS
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

#### REMARKS:

Based on an inspection of the admission and release area, and a review of policy and procedure, it was determined the facility is in compliance with this standard.

#### CLASSIFICATION SYSTEM

POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and				During this review, the facility was using the
IGSAs, an Objective Classification System or similar is used.	$\bowtie$			ICE Primary Assessment Form as their
				objective classification instrument.
The facility classification system includes:				
<ul> <li>Classifying detainees upon arrival;</li> </ul>				
<ul> <li>Separating from the general population those</li> </ul>	$\boxtimes$			
individuals who cannot be classified upon arrival; and				
The first-line supervisor or designated classification				
specialist reviewing every classification decision.				
The intake/processing officer reviews work-folders, A-files, etc.,	$\boxtimes$			
to identify and classify each new arrival.				
Staff uses only information that is factual, and reliable to				
determine classification assignments. Opinions and	$\boxtimes$			
unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.				All detainees are assigned housing and work
Housing assignments are based on classification-level.	$\boxtimes$			assignments based upon their classification
				level.
A detainee's classification-level does not affect his/her recreation				Facility policy allows detainees classified as
opportunities. Detainees recreate with persons of similar				Levels 1 and 2 to be housed together and 2
classification designations.	$\boxtimes$			and 3 to be housed together; however, Levels
				1 and 3 are separated.
Detainee work assignments are based upon classification	$\boxtimes$			
designations.				
The classification process includes reassessment/reclassification.	_			Based upon facility policy, all detainees are
At IGSA's, detainees may request reassessment 60 days after	$\boxtimes$			reclassified after 30 days at the facility.
arrival.				•
Procedures exist for a detainee to appeal their classification				The facility does have procedures in place for
assignment. Only a designated supervisor or classification				detainees to appeal their classification
specialist has the authority to reduce a classification-level on				assignment. The portion of this component that states that a designated supervisor or
appeal.				classification specialist has the authority to
	$\boxtimes$			reduce a classification-level on appeal is
				specific to SPCs and CDFs. At this facility,
				the facility classification specialist may
				review and change a classification level on
				appeal.
Classification appeals are resolved within five business days and				This component is only applicable for SPCs
detainees are notified of the outcome within 10 business days.			$\boxtimes$	and CDFs. Facility policy states a response
				will be provided within 30 days of an appeal
				being filed.
Classification designations may be appealed to a higher				This component is only applicable for SPCs
authority, such as the Warden or equivalent.			$\boxtimes$	and CDFs. Classification designations may
				be appealed to the Director.
The Detainee Handbook or equivalent for IGSAs explains the				The facility handbook, page 21, explains the
classification levels, with the conditions and restrictions	$\boxtimes$			classification levels, with the conditions and
applicable to each.				restrictions applicable to each.
<b>△</b> ACCEPTABLE <b>□</b> DEFICIENT	Ĺ	AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

Based on a review of the classification process, detainee handbook, and available policy and procedure, the facility is found to be in compliance with this standard.

#### CORRESPONDENCE AND OTHER MAIL

POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	$\boxtimes$			The portion of this component requiring correspondence rules to be posted in the housing unit or common area is specific to SPCs and CDFs. The correspondence/mail rules were provided to all detainees via the detainee handbook; however, they are not posted.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	$\boxtimes$			Key information was being provided in English and Spanish.
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$			
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	$\boxtimes$			
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.	$\boxtimes$			Rather than being considered on a case-by- case basis, Policy CUS.006.20 (signed by the Director) allows all incoming general mail to be opened and inspected for contraband items without the detainee being present.
Staff does not read incoming general correspondence without the Warden's prior written approval.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Incoming mail is not read; however, it is inspected for contraband items.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	$\boxtimes$			All legal mail/special correspondence is forwarded to the law library where, as observed, it is opened by staff and inspected for contraband in the detainee's presence.
Staff is prohibited from reading or copying incoming special correspondence.	$\boxtimes$			
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	$\boxtimes$			Outgoing mail is not opened.
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	$\boxtimes$			
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	$\boxtimes$			The requirement for the official authorizing the rejection of incoming mail to send written notice to the sender is specific to SPCs and CDFs. However, written rejection notices are provided to both the sender and addressee.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	$\boxtimes$			
Staff maintains a written record of every item removed from detainee mail.	$\boxtimes$			The facility uses a form entitled Contraband Removed from Mail to maintain a written record of all items removed from a detainee's mail.
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	$\boxtimes$			

#### CORRESPONDENCE AND OTHER MAIL

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THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUT				
COMPONENTS	YES	No	NA	REMARKS
The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	$\boxtimes$			Upon intake, one security staff places the detainee's cash into an automated Keefe Commissary Box where it is counted. The amount is totaled in both the detainee's and the security staff's presence, the amount entered, and the detainee and facility are issued a receipt. The amount of money is then credited to the detainee's account. Any discrepancy would be immediately investigated.
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	$\boxtimes$			
Staff provides the detainee a copy of his/her identity document(s) upon request.	$\boxtimes$			On-site ICE staff indicated this has occurred and the detainee is provided a copy of their identity document(s) upon request.
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.	$\boxtimes$			
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	$\boxtimes$			During this review all detainees were allowed to mail, at government expense, three one ounce letters per week. On-site ICE staff would review any request to mail a package and determine if the request was appropriate/inappropriate.
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	$\boxtimes$			
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$			On-site ICE and facility staff both distributes these items at no cost to ICE detainees.
□ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING

#### REMARKS:

Based on an inspection of the facility's mail room, the distribution of special/legal mail to detainees, and a review of available policy and procedure, the facility was found to be in compliance with this standard.

#### DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.

WILL RECEIVE A COLL OF THIS HARDDOOK CLOWADINISSION TO IT	LIACIL	11 1.		
COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into	$\boxtimes$			The detainee handbook is available in
Spanish, or into the next most-prevalent Language(s).				English and Spanish.
The handbook is supplemented by the facility orientation video,				The facility shows an orientation video
where one is provided.	$\boxtimes$			entitled Welcome to Hudson County Jail.
All staff members receive a handbook and training regarding the				•
handbook contents.	$\boxtimes$			
The handbook is revised as necessary and there are procedures				The detainee handbook was revised in
in place for immediately communicating any revisions to staff				December 2010 to address policy updates.
and detainees.	$\boxtimes$			Detainees and staff who work with the
				detainees were issued copies of the revised
				handbook.
There an annual review of the handbook by a designated				
committee or staff member.	$\boxtimes$			
The detainee handbook addresses the following issues:				5 15 11 1 1 1 1
<ul> <li>Personal Items permitted to be retained by the detainee;</li> </ul>				Personal items allowed are listed on page 14
and	$\boxtimes$			of the handbook, while issued items are
<ul> <li>Initial issue of clothes, bedding and personal hygiene</li> </ul>				addressed on pages 9 and 10. The facility
items.				meets the requirements of this component.
The detainee handbook states in clear language the basic				Detainee responsibilities are addressed on
detainee responsibilities.	$\boxtimes$			page 6 of the detainee handbook.
The handbook clearly outlines the methods for classification of				Cliftii1121-f4
detainees, explains each level, and explains the classification	$\boxtimes$			Classification is addressed on page 21 of the detainee handbook.
appeals process.				detainee nandbook.
The handbook states when a medical examination will be				The handbook indicates initial health
conducted.				evaluations are completed within 24 hours of
		$\boxtimes$		arrival; however, it does not indicate when
				the general physical examination will be
				conducted.
The handbook describes the facility, housing units, dayrooms,	$\boxtimes$	П		
in-dorm activities, and special housing units.				
The handbook describes official count times and count				
procedures; meal times and feeding procedures; procedures for			l	
medical or religious diets; smoking policy; clothing exchange	$\boxtimes$			
schedules; and, if authorized, clothes washing and drying				
procedures, and expected personal hygiene practices.				
The handbook describe times and procedures for obtaining				Disposable razors are issued between 8:30
disposable razors, and allows that detainees attending court will				AM to 10:30 AM by staff using a detainee's
be afforded the opportunity to shave first.	$\boxtimes$			ID to track each razor issued. Detainees
				attending court will have the opportunity to
				shave prior to court.
The handbook describes barber hours and hair cutting			l	The handbook only addresses that haircuts
restrictions.		$\boxtimes$		will be provided by the detainee barber
The handhealt describes the telephone nations delitered				within the unit.
The handbook describes the telephone policy; debit card				All related telephone issues are address-1
procedures; direct and free calls; locations of telephones; policy	$\bowtie$			All related telephone issues are addressed on
when telephone demand is high; and policy and procedures for				page 4 of the detainee handbook.
emergency phone calls.  The handbook addresses religious programming.				
	$\boxtimes$			
The handbook states times and procedures for commissary or	$\boxtimes$			
vending machine usage, where available.	l		I	1

#### DETAINEE HANDBOOK

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COMPONENTS	YES	No	NA	REMARKS
The handbook describes the detainee voluntary work program.	$\boxtimes$			Detainees must submit a request to ICE staff, who determine if they are qualified to work. If approved, they are paid a \$1 per day.
The handbook describes the library location and hours of operation, and law library procedures and schedules.		$\boxtimes$		The handbook does not address library procedures; however, does provide the hours, which are 2:30 PM to 8:30 PM. ICE detainees are guaranteed five hours of law library time each week.
The handbook describes attorney and regular visitation hours, policies, and procedures.	$\boxtimes$			Attorney visiting hours are from 8 AM to 8 PM seven days a week.
The handbook describes the facility contraband policy.	$\boxtimes$			Pivi seven days a week.
The handbook describes the facility visiting hours and schedule,				Visiting procedures are addressed in detail on
and visiting rules and regulations.	$\boxtimes$			page 11of the detainee handbook.
The handbook describes the correspondence policy and procedures.	$\boxtimes$			
The handbook describes the detainee disciplinary policy and procedures, including:  • Prohibited acts and severity scale sanctions;  • Time limits in the Disciplinary Process; and  • Summary of the Disciplinary Process.	$\boxtimes$			
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 CDF facilities: procedures for filing an appeal of a grievance with ICE.  • Staff/detainee availability to help during the grievance process.  • Guarantee against staff retaliation for filing/pursuing a grievance.  • How to file a complaint about officer misconduct with the Department of Homeland Security.				The grievance procedure is addressed on pages 20 -21 of the handbook.
The detainee handbook describes the medical sick call procedures for general population and segregation.	$\boxtimes$			
The handbook describes the facility recreation policy including:  Outdoor recreation hours.  Indoor recreation hours.	$\boxtimes$			The recreational activities addressed on page 7 of the handbook refer to indoor and outdoor recreation.
The handbook describes the detainee dress code for daily living; and work assignments.	$\boxtimes$			
The handbook specifies the rights and responsibilities of all				
detainees.	$\boxtimes$			
		AT-R	ISK	REPEAT FINDING

#### REMARKS:

A review of the detainee handbook and facility policies and procedures indicates compliance with this ICE standard.

#### FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH

THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	$\boxtimes$			Aramark Food Service has been contracted for the food service operation at this facility. The FSA has over 20 years' experience and is Aramark and ServSafe certified. Food service staff responsibilities were developed by Aramark and the FSA.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.			$\boxtimes$	This component is only applicable for SPCs and CDFs. However, there is an FSA and three assistant managers; therefore, a manager is always on duty.
The FSA provides food service employees with training that specifically addresses detainee-related issues.  • In ICE Facilities this includes a review of the ICE "Food Service" standard	$\boxtimes$			The FSA conducts monthly training sessions for staff which addresses the supervision and training of detainees (both ICE and non-ICE detainee workers). Training documentation is on file in the FSA's office.
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	$\boxtimes$			The knife cabinet is located (b)(7)(e)  (b)(7)(e)  The cabinet is locked and only one person has the keys to the door and cabinet.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	$\boxtimes$			The section of this component requiring staff to monitor the condition of knives and dining utensils is specific to SPCs and CDFs. Staff does monitor the condition of knives; however, there are no dining utensils to monitor as the facility issues detainees a Spork (dining utensil) upon arrival. All knives are secured to the workstation when in use and detainees are supervised.
When necessary, special procedures govern the handling of food items that pose a security threat.	$\boxtimes$			No items requiring special procedures were observed during this inspection.
Operating procedures include daily searches (shakedowns) of detainee work areas.	$\boxtimes$			Shakedowns/searches are conducted daily by the correctional officers assigned to food service.
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.			$\boxtimes$	Aramark staff consists of non-correctional contract employees and they are not allowed to conduct detainee counts. Counts are conducted by the correctional officers assigned to food service.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	$\boxtimes$			ICE and non-ICE detainee food service workers were neat and clean during this inspection period.
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	$\boxtimes$			This documentation is on file in the FSA's office.
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	$\boxtimes$			Newly-assigned ICE and non-ICE detainee workers are provided a verbal orientation on kitchen rules and procedures.

#### FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH

THE HIGHEST SANITARY STANDARDS.	1			_
COMPONENTS	YES	No	NA	REMARKS
During orientation and training session(s), the CS explains and				
<ul> <li>demonstrates:</li> <li>Safe work practices and methods;</li> <li>Safety features of individual products/pieces of equipment; and</li> <li>Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.</li> </ul>	$\boxtimes$			Detainees are provided training regarding safe work practices, safety features on equipment, and the safe handling of hazardous materials.
The Cook Supervisor documents all training in individual detainee detention files.	$\boxtimes$			This documentation is on file in the FSA's office.
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.	$\boxtimes$			The requirement for detainees to be paid in accordance with the "Voluntary Work Program" standard is specific to SPCs and CDFs. Pursuant to policy, both ICE and non-ICE detainee food service workers are paid \$1 per day.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	$\boxtimes$			Meal times are: Breakfast at 6 AM; Lunch at 11 AM; and Dinner at 4:30 PM. No more than 14 hours elapses between the last meal on one day and the first meal served the following day.
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	$\boxtimes$			The facility utilizes a satellite delivery system to serve detainees meals. However, there is a cafeteria line in the staff dining room and sneeze guards are in place on that line.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	$\boxtimes$			The section of this component requiring a 35-day menu cycle is specific to SPCs and CDFs. This facility uses a 42-day menu cycle.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	$\boxtimes$			Some of the items offered are: spaghetti with meat sauce; burritos; baked chicken; chili with beans; and meatloaf.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	$\boxtimes$			A 20-hour per week dietitian conducts a nutritional analysis on all menus served.
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 its justification  • With copy to FSA		$\boxtimes$		The section of this component giving the Cook Foreman the authority to change the menu items, if necessary, is specific to SPCs and CDFs. In view of a manager always being on duty, the Cook Foreman is not allowed to change the menu.
All staff and volunteers know and adhere to written "food preparation" procedures.	$\boxtimes$			
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$			After the chaplain approves a detainee's request, Jewish detainees receive kosher food trays and Muslims receive a pork-free vegetarian tray.

#### FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH

THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	YES	No	NA	REMARKS
A common-fare menu available to detainees whose dietary				
requirements cannot be met on the main line.				
<ul> <li>Changes to the planned common-fare menu can be</li> </ul>				Daliaiana mada an madidad mina
made at the facility level;				Religious meals are provided using
<ul> <li>Hot entrees are offered three times a week;</li> </ul>				purchased frozen kosher meals for Jewish
• The common-fare menus satisfy nutritional				detainees and a pork-free vegetarian tray for
recommended daily allowances (RDAs);				Muslims. Jewish detainees receive hot meals
Staff routinely provide hot water for instant beverages	$\boxtimes$	Ш		every day and the dietitian ensures nutritional
and foods;				requirements are met. These meals eliminate
Common-fare meals are served with:				the need for separate cutting boards, knives,
Disposable plates and utensils.				spoons, scoops, etc., to prepare common-fare
Reusable plates and utensils.				trays.
Staff use separate cutting boards, knives, spoons,				
scoops, etc., to prepare the common-fare diet items.				
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	$\boxtimes$			
The Warden, in conjunction with the chaplain and/or local				
religious leaders, provides the FSA a schedule of the ceremonial	$\boxtimes$			
meals for the following calendar year.				
The common-fare program accommodates detainees abstaining				
from particular foods or fasting for religious purposes at				
prescribed times of the year.				During Ramadan, Muslim detainees receive
<ul> <li>Muslims fasting during Ramadan receive their meals</li> </ul>				their breakfast before sun-up and dinner after
after sundown.	$\boxtimes$			sundown. Jewish detainees receive kosher
<ul> <li>Jews who observe Passover but do not participate in the</li> </ul>				Passover meals. Meatless meals are provided
Common-Fare Program receive the same Kosher-for-				upon request for Ash Wednesday and Fridays
Passover meals as those who do participate.				during Lent.
<ul> <li>Main-line offerings include one meatless meal (lunch</li> </ul>				
or dinner) on Ash Wednesday and Fridays during Lent.				
The food service program addresses medical diets.				Medical diets are provided as ordered by
1 0	$\boxtimes$			medical staff.
Satellite-feeding programs follow guidelines for proper				Plastic cups and sporks are issued to
sanitation.				detainees upon arrival to the facility;
	_	_		however, they are never sanitized during the
		$\boxtimes$		detainee's stay. This is not considered an
				acceptable practice pursuant to the National
				Food Code (NFC).
Hot and cold foods are maintained at the prescribed, "safe"				The noon meal on 01-05-11 was observed.
temperature(s) while being served.				At 10:34 AM, the hot dogs were plated at
temperature(s) withe being served.				
				173°F and potatoes were plated at 162°F. When delivered to the unit at 10:45 AM, the
	$\boxtimes$			*
				hot dogs were 132°F and the potatoes were
				149°F when served. This is within the time
				and temperature allowances pursuant to the
A41 1 '1 1' 2'5' 41 1 2 2'				NFC.
All meals are provided in nutritionally adequate portions.	$\boxtimes$			The dietitian lists the portion sizes, which are
				adequate, on the menu.
Food is not used to punish or reward detainees based upon	$\boxtimes$			
behavior.	🗂			

FOOI	D SERV	ICE				
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITHE HIGHEST SANITARY STANDARDS.	/ITH NUT	RITIOUS	AND AP	PETIZING MEALS, PREPARED IN ACCORDANCE WITH		
COMPONENTS	YES	No	NA	REMARKS		
The food service staff instructs detainee volunteers on:  • Personal cleanliness and hygiene;  • Sanitary techniques for preparing, storing, and serving food; and  • The sanitary operation, care, and maintenance of equipment.	$\boxtimes$			ICE and non-ICE detainees receive a verbal orientation on kitchen rules regarding personal hygiene, food sanitary techniques, and the sanitation and care of equipment.		
Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$					
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment.  • Who conducts the inspections?	$\boxtimes$			Daily inspections are conducted by the cook foreman and findings are recorded on the daily production sheet on file in the FSA's office.		
Equipment is inspected for compliance with health and safety codes and regulations.  • When was the most recent inspection?  • Which agency conducted the inspection?	$\boxtimes$			Food service was inspected on 08-10-10 by the Bergen County Department of Health Services and found to be in compliance.		
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	$\boxtimes$					
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	$\boxtimes$			Temperatures are recorded after each meal on the meal production sheet and maintained on file in the FSA's office.		
Staff documents the results of every refrigerator/freezer temperature check.	$\boxtimes$			Temperatures are recorded twice a day and on file the FSA's office.		
The cleaning schedule for each food service area is conspicuously posted.	$\boxtimes$					
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$			Warehouse staff inspects and sign for all food items when received. If they have a question they contact food service staff.		

#### REMARKS:

From 4 AM to 8 AM, 15 ICE detainees work in food service performing prep work. No non-ICE detainees are present at these times to ensure the ICE detainees' safety; however, non-ICE detainees then work in food service the remainder of the day. Additionally correctional officers are assigned to food service each shift to perform security duties, such as counts, shakedowns, etc.

X

AT-RISK

During this inspection, detainees expressed concern regarding the food and indicated: bologna is served three to five times each week; chicken is only served once a month; fresh fruit is only served once a week; portion sizes are too small; and food is always cold.

Aramark's current six-week cycle menu was reviewed and revealed no evidence to support the detainees' complaints, as noted below:

- Bologna is served once a week in four of the six weeks (twice in week six and not at all in week four);
- Chicken is served in weeks two, five, and six;

Storage areas are locked when not in use.

**ACCEPTABLE** 

- Fresh fruit is served once a week (the menu requires for fruit or juice [½ cup] to be served at three breakfast meals each
  week); and
- During the inspection, portion sizes served matched those listed on the menu by the dietitian.

DEFICIENT

Based on a review of policy and procedures and interview of staff, it was determined this standard is in compliance.

(b)(6), (b)(7)(c) / January 6, 2011

Observed storage areas were secured when

REPEAT FINDING

not in use.

AUDITOR'S SIGNATURE / DATE

#### FUNDS AND PERSONAL PROPERTY

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY: THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. 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 YES No NA REMARKS Detainee funds and valuables are properly separated, stored, and ICE staff processes most detainees and their property at either the New York or Newark are accessible only by designated supervisor(s). offices prior to delivering the detainees to this facility. However, this facility does  $\times$ properly separate and store the property of any ICE detainee who arrives with property. Only designated supervisors have access to the property room. All large valuables that arrive at the facility Detainees' large valuables are secured in a location accessible to

FUNDS AND PERSONAL PROPERTY				
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.  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	YES	No	NA	REMARKS
<ul> <li>The facility attempts to notify an out-processed detainee that he/she left property in the facility:</li> <li>By sending written notice to the detainee's last known address;</li> <li>Via certified mail; and</li> <li>The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility provides detainees with a Money and Property Release Form to complete, which provides the facility with a contact person to notify if property is left behind.
The facility disposes of abandoned property in accordance with written procedures.  • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.	$\boxtimes$			The section of this component requiring written procedures for the disposal of abandoned property is specific to SPCs and CDFs. Policy CLS.004 provides that all abandoned property is given to ICE.
<b>△</b> ACCEPTABLE <b>□</b> DEFICIENT		AT-R	ISK	REPEAT FINDING

#### REMARKS:

The property officer has developed a color-coded system to ensure detainee personal property bags are not misplaced. A review of policy and interviews with staff and detainees confirmed this standard is compliant.

#### DETAINEE GRIEVANCE PROCEDURES

POLICY: EVERY FACILITY WILL DEVELOP AND IMPLEMENT STANDARD OPERATING PROCEDURES (SOPS) FOR ADDRESSING DETAINEE GRIEVANCES IN TIMELY FASHION. EACH STEP IN THE PROCESS WILL OCCUR WITHIN THE PRESCRIBED TIME FRAME. AMONG OTHER THINGS, A GRIEVANCE WILL BE PROCESSED, INVESTIGATED, AND DECIDED (SUBJECT TO APPEAL) IN ACCORDANCE WITH THE SOPS; A GRIEVANCE COMMITTEE WILL CONVENE AS PROVIDED IN THE SOPS. STANDARD PROCEDURE WILL INCLUDE PROVIDING THE DETAINEE WITH A WRITTEN RESPONSE TO ANY FORMAL GRIEVANCE, WHICH WILL INCLUDE THE BASIS FOR THE DECISION. THE FACILITY WILL ALSO ESTABLISH STANDARD PROCEDURES FOR HANDLING EMERGENCY GRIEVANCES. ALL GRIEVANCES WILL RECEIVE SUPERVISORY REVIEW. REPRISAL AGAINST THE FILER OF A GRIEVANCE WILL NOT BE TOLERATED.

COMPONENTS	YES	No	NA	REMARKS
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/her concern known to a member of the staff.	$\boxtimes$			Policy CUS.016 outlines the grievance procedures regarding informal resolution and the time schedule in which to file a grievance. The facility meets the requirements of this component.
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.  Detainees may seek help from other detainees or facility staff when preparing a grievance.  Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.	$\boxtimes$			
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	$\boxtimes$			Emergency grievances are addressed during annual refresher training.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.		$\boxtimes$		During this review, there were no documented or substantiated cases of staff acting in this manner.
Procedures include maintaining a Detainee Grievance Log.  If not, an alternative acceptable record keeping system is maintained.  "Nuisance complaints" are identified in the records.  For quality control purposes, staff document nuisance complaints received but not filed.	$\boxtimes$			The section of this component that requires "nuisance complaints" to be identified in the records and for staff to document nuisance complaints received but not filed is specific to SPCs and CDFs. All grievances are entered in the master grievance log, and nuisance complaints are identified.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$			Grievances involving staff misconduct are immediately referred to the grievance officer's supervisor and the on-site ICE agent.
		AT-R	ISK	REPEAT FINDING

#### REMARKS:

The facility has a comprehensive system in place to process detainee grievances. There is a kiosk program located in the pods which allows detainees to file a paperless grievance. Detainees also have the option to file a written grievance. The facility was found to be in compliance with this standard

#### GROUP LEGAL RIGHTS PRESENTATIONS

POLICY: FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUTHORIZE PERSONS TO MAKE PRESENTATIONS TO GROUPS OF DETAINEES FOR THE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WHICH INSTRUCT DETAINEES ABOUT THE IMMIGRATION SYSTEM AND THEIR RIGHTS AND OPTIONS WITHIN IT. CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET. COMPONENTS No NA REMARKS The Field Office is responsive to all requests submitted for group presentations. The Legal The Field Office is responsive to requests by attorneys and  $\times$ Aid Society of New York City arrives at the accredited representatives for group presentations. facility every Tuesday to present a group presentation entitled Know Your Rights. Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper  $\times$ notification to attorneys or accredited representatives. The facility follows policy and procedure when rejecting or  $\times$ requesting modifications to objectionable material provided or presented by the attorney or accredited representative. Posters are not provided. The facility provides names of all detainees to the Legal Aid Society, who then generates a list of Posters announcing presentations appear in common areas at detainees they are requesting to attend their least 48 hours in advance and sign-up sheets are available and Xpresentation. Sign-up sheets are also accessible. available within the living units. Information regarding group rights presentations is included on page 12 of the handbook. The facility and on-site ICE staff indicated Documentation is submitted and maintained when any detainee is  $\times$ no detainee is denied attendance at these denied permission to attend a presentation and the reason(s) for the denial. presentations. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations  $\times$ so that all detainees signed up may attend. Detainees in segregation, unable to attend for security reasons, Separate sessions are available and would be  $\times$ may request separate sessions with presenters. Such requests are documented by on-site ICE staff. Interpreters are admitted when necessary to assist attorneys and  $\boxtimes$ other legal representatives. Each scheduled session is from 8 AM to 10 Presenters are afforded a minimum of one hour to make the  $\times$ AM, followed by individual break-out presentation and to conduct a question-and-answer session. sessions.  $\bowtie$ Staff permits presenters to distribute ICE-approved materials. Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or  $\times$ authorized detention staff is present but do not monitor conversations with legal providers. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and On-site ICE staff indicated no one has ever the reasons for suspension are documented. The Headquarters been suspended; however, if it did occur, the  $\times$ Office for Detention and Removal, Field Operations and requirements of this component would be Detention management Division, is notified when a group or met. individual is suspended from making presentations. The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside  $\times$ organizations.

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GROUP LEGAL RI	GHISI	PRESE	NIAII	JNS	
POLICY: FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUT	HORIZE	PERSON	ISTOMA	KE PRESENTATIONS TO GROUPS OF DETAINERS FOR	
THE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION					
OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WH	ICH INST	RUCT D	ETAINEE	S ABOUT THE IMMIGRATION SYSTEM AND THEIR	
RIGHTS AND OPTIONS WITHIN IT.					
C				2	
CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUC	TED WIT	THIN TH	E PAST 1	2 MONTHS. MIARK STANDARD AS ACCEPTABLE	
OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSH	EET.				
COMPONENTS	YES	No	NA	REMARKS	
A copy of the Group Legal Rights Presentation policy, including					
attachments, is available to detainees upon request	$\boxtimes$				
attachments, is available to detainees upon request					
ACCEPTABLE DEFICIENT	Г	AT-R	ISK	REPEAT FINDING	
REMARKS:					

Based on a review of group legal rights presentations, facility and on-site ICE policy and procedures regarding the presentations, and information provided to all detainees, it was determined the facility is in compliance with this standard.

#### ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

**POLICY:** ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.

COMPONENTS:	VEC	No	TAT A	DEMARKO
COMPONENTS  The facility has a policy and procedure for the regular issuance	YES	No	NA	REMARKS Policy CUS.018 addresses issuance and
and exchange of clothing, bedding, linens, and towels.  • The supply of these items exceeds the minimum required for the number of detainees.	$\boxtimes$			exchange of clothing and bedding. As observed, the facility does issue the required items and maintains an adequate supply.
<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive:</li> <li>One uniform shirt and one pair of uniform pants, or one jumpsuit;</li> <li>One pair of socks;</li> <li>One pair of underwear (Daily change); and</li> <li>One pair of facility-issued footwear.</li> </ul>	$\boxtimes$			The bulleted items in this component are specific to SPCs and CDFs. This facility issues: two uniforms; two pair of socks and underwear; shower shoes; and one pair of footwear. The clothing, as observed, is clean, temperature-appropriate, and presentable.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	$\boxtimes$			
New detainees are issued clean bedding, linens, and towels. They receive at a minimum:  One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.	$\boxtimes$			The bulleted items in this component are specific to SPCs and CDFs. However, the facility does issue the items as outlined in this component.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	$\boxtimes$			
Detainees are provided clean clothing, linen and towels.  Socks and undergarments - exchanged daily.  Outer garments - twice weekly.  Sheets - weekly.  Towels - weekly.  Pillowcases - weekly.	$\boxtimes$			
Food service detainee volunteer workers are permitted to exchange outer garments daily.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees working in food service are issued additional clothing to ensure they have clean clothes daily.
Volunteer detainee workers are permitted to exchange outer garments more frequently.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainee workers are allowed to exchange outer garments as needed.
		AT-R	ISK	REPEAT FINDING

#### REMARKS:

Based on a review of policy and procedures and interviews of staff and detainees, it was determined this standard is in compliance.

MARRIAGE REQUESTS							
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.							
COMPONENTS YES NO NA REMARKS							
The Field Office considers detainee marriage requests on a case- by-case basis.	$\boxtimes$			All marriage requests are forwarded to the New York Field Office for approval or rejection.			
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	$\boxtimes$			The AFOD reviews all requests and ordinarily approves them. ICE reported two marriages were approved for this facility in 2010.			
It is standard practice to require a written request for permission to marry.	$\boxtimes$						
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	$\boxtimes$						
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.			$\boxtimes$	The AFOD provides a written decision to the ICE detainee and their legal representative.			
When permission is denied, the Warden/OIC states the basis for his/her decision.	$\boxtimes$			ICE provides the basis for any denial.			
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	$\boxtimes$						
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

#### REMARKS:

During the January 2010 inspection, this standard was found to be deficient by the inspection team. On 01-12-10, the facility issued a memorandum as their corrective plan of action for the deficient finding.

During this inspection, it was found this information is addressed in the detainee handbook which notes a detainee must submit a form to the Director requesting permission to marry; this must include the name of the individual s/he wishes to marry. In addition, the intended spouse must submit a letter confirming their intent to marry. The facility then forwards the request to on-site ICE staff to ensure the requirements of this standard are met.

#### NON-MEDICAL EMERGENCY ESCORTED TRIPS

**POLICY:** THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.

STANDARD N/A: 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	YES	No	NA	REMARKS
The Field Office Director considers and approves, on a case-by- case basis, trips to an immediate family member's:  • Funeral; or  • Deathbed				
The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family".				
The IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
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.				
Each escort includes at leas(b)(7)(e)fficers.				
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.				
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.				
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.				
<ul> <li>Escort officers ensure that detainees:</li> <li>Conduct themselves in a manner that does not bring discredit to the ICE;</li> <li>Do not violate federal, state, or local laws;</li> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants;</li> <li>Make no unauthorized phone calls; and</li> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return.</li> </ul> Standard procedure requires the immediate return to the facility of any detained who violates this rules.				
of any detainee who violates trip rules.  ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING
ACCEPTABLE DEFICIENT		_ AI-K	131	REPEAT FINDING

#### REMARKS:

All Non-Medical Emergency Medical trips are provided by ICE.

#### RECREATION

POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.

COMPONENTS	YES	No	NA	REMARKS
The facility has a recreation program and facility.	$\boxtimes$			The facility has dedicated recreation facilities and programs, which are addressed in Policy CUS.011.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The recreation program is managed by a recreational specialist.
Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			
The recreational specialist or trained equivalent supervises detainee recreation workers.	$\boxtimes$			
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and specialneeds detainees.	$\boxtimes$			
Dayrooms offer sedentary activities, e.g., board games, cards, television.	$\boxtimes$			There is a television in each pod and board games/cards are also available.
Outside activities are restricted to limited-contact sports.	$\boxtimes$			
Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$			
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	$\boxtimes$			Recreation is available in each housing unit from 8 AM to 8 PM daily. An outside recreation area is attached to each housing unit.
Staff checks all items for damage and condition when equipment is returned.	$\boxtimes$			
Staff conducts searches of recreation areas before and after use.	$\boxtimes$			
All recreation areas under constant staff supervision.	X			
Supervising staff is equipped with radios.	Ħ			
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	$\boxtimes$			Outdoor recreation is available for the SMU populations five day a week, one hour each day.
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	$\boxtimes$			
Special programs or religious activities are available to detainees.	$\boxtimes$			
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Volunteers are required to sign a waiver of liability before they can enter the facility.
Visitors, relatives or friends are not allowed to serve as volunteers.			$\boxtimes$	
☑ If outdoor recreation is offered, check this box. No furth	er infor	mation	is requ	ired when outdoor recreation is offered.
If the facility has no outside recreation, are detainees considered for transfer after six months?  • If yes, written procedures ensure timely review of all eligible detainees.				
Case officers make written transfer recommendations about every six-month detainee to the OIC.				
The OIC documents all detainee-transfer decisions, whether yes or no.				
The detainee's written decision for or against an offered transfer documented in his/her A-file.				

REC	REATI	ON				
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTEN POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.						
COMPONENTS	YES	No	NA	REMARKS		
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.						
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.						
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.						
The detainee's legal representative is notified of the detainee's/OIC's decision.						
<b>△</b> ACCEPTABLE  □ DEFICIENT		AT-R	isk	REPEAT FINDING		
REMARKS:  The outdoor recreation areas have an exterior wall that is 85% open. The open wall is covered by a security screen and is  (b)(7)(e) which allows ample natural light and fresh air. There is a covered roof and the remaining three walls are solid.						
(b)(6), (b)(7)(c) / January 5, 2011 AUDITOR'S SIGNATURE / DATE						

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#### RELIGIOUS PRACTICES

POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND

BUDGETARY CONSIDERATIONS.				
COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed to engage in religious services.	$\boxtimes$			Policy CUS.027 and the detainee handbook address religious services. During this inspection, all detainees were allowed to engage in religious services.
Space is available for detainees to conduct religious services.	$\boxtimes$			The facility has dedicated half of its gym for use as a chapel and conducts religious services daily.
The facility allows detainees to observe the major "holy days" of their religious faith.  • List any exceptions.	$\boxtimes$			
The facility accommodates recognized holy-day observances by:  • Providing special meals, consistent with dietary restrictions;  • Honoring fasting requirements;  • Facilitating religious services; and  • Allowing activity restrictions.			$\boxtimes$	This component is only applicable for SPCs and CDFs. However, the facility does accommodate recognized holy-day observances as required by this component.
Each detainee is allowed religious items in his/her immediate possession.	$\boxtimes$			Detainees can have prayer books, rosaries, prayer beads, prayer rugs, and may request other items from the facility's chaplains.
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	$\boxtimes$			The facility's, Office of Internal Affairs conducts a background check on all volunteer applicants before allowing them to participate in detainee programs.
Members of faiths not represented by clergy may conduct their own services within security allowances.	$\boxtimes$			
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	$\boxtimes$			The head chaplain conducts a Christian religious service within the SMUs every Wednesday.
<b>△</b> ACCEPTABLE  □ DEFICIENT		AT-R	ISK	REPEAT FINDING

#### REMARKS:

The facility employ(x)(7)(x) aid chaplains and hat (7)(x) lunteers who provide ten different religious services a week. Based on a review of policy, interviews with staff and detainees, and a physical inspection of the dedicated religious area, it was determined the facility is in compliance with this standard.

DETAINEE TELEPHONE ACCESS  POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.						
COMPONENTS	YES	No	NA NA	REMARKS		
Detainees are allowed access to telephones during established facility waking hours.				Detainees are allowed access to the facility telephone system from 7:30 AM to 1 PM and from 2:30 PM until 9 PM daily.		
Upon admittance, detainees are made aware of the facility's telephone access policy.	×			Detainees are made aware of the facility's telephone access policy via the detainee handbook.		
Access rules are posted in housing units.		$\boxtimes$		During this inspection, access rules to the telephones were not posted in the housing units. It is noted this was corrected by on-site ICE staff during this inspection.		
The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	$\boxtimes$					
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	$\boxtimes$			During this inspection it was noted telephones are provided to detainees at the ratio of six phones per 64 detainees (or approximately 1:11).		
Telephones are inspected regularly by facility staff to ensure that they are in good working order.	$\boxtimes$					
The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	$\boxtimes$					
The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	$\boxtimes$					
Detainees are afforded a <i>reasonable degree of privacy</i> for legal phone calls.	$\boxtimes$			During this inspection, detainees were provided a reasonable degree of privacy to place legal calls.		
A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$			On-site ICE staff is notified and the ICE detainee is removed and provided a secure location to place their call.		
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.	$\boxtimes$					
The OIG phone number for reporting abuse is programmed into the detainee phone system and the phone number was checked by the inspector during the review.	$\boxtimes$			During this inspection, the OIG number was tested and found to be fully functional.		
In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			$\boxtimes$	The facility meets this requirement.		
No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	$\boxtimes$			The required information was clearly posted and easily available to all detainees.		
Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	$\boxtimes$			On-site ICE staff indicated these requests have been received and allowed.		
Any telephone restrictions are documented.	$\boxtimes$					

DETAINEE TELEPHONE ACCESS						
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.						
COMPONENTS	YES	No	NA	REMARKS		
The facility has a system for taking and delivering emergency detainee telephone messages.	$\boxtimes$			When an emergency call is received, an onsite ICE staff member, the Director and/or a facility social worker validate the call. The detainee is removed from his living unit to a confidential/secure area, provided the information, and allowed a private return call.		
Emergency phone call messages are immediately given to detainees.	$\boxtimes$					
Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$					
Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	$\boxtimes$					
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	$\boxtimes$			Any ICE detainee in this status requesting a consular/embassy call is escorted to the onsite ICE office and a call is placed for them.		
Detainees in disciplinary segregation are allowed phone calls for family emergencies.	$\boxtimes$					
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	$\boxtimes$					
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	$\boxtimes$			The telephone system is monitored and there are postings to that effect; however, special access calls are not monitored.		
ACCEPTABLE DEFICIENT	AT-RISK		ISK	REPEAT FINDING		

#### REMARKS:

During this review the OIG number was personally tested, the phones were checked, and the facility's policy and procedures were reviewed. The facility is compliant with the standard.

#### VISITATION

POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS

COMPONENTS	YES	No	NA	REMARKS
There is a written visitation schedule and hours for general visitation.	$\boxtimes$			ICE detainees may have visits: from 8 AM to 12 noon and 3 PM to 7 PM on Tuesdays; 8 AM to 10:30 AM and 3 PM to 7 PM on Wednesdays; and 3 PM to 7 PM on Thursdays.
The visitation hours tailored to the detainee population and the demand for visitation.	$\boxtimes$			
The visitation schedule and rules are available to the public.	$\boxtimes$			During this inspection, the visitation rules were available to the public. They are available on the facility's website, posted in the visitation waiting area, and provided in writing if requested.
The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$			The categories of visitation were posted in the visitation waiting area.
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	$\boxtimes$			During this inspection it was noted a written copy of the visitation rules and hours were available.
A general visitation log is maintained.	$\boxtimes$			A general visitation log was maintained by the facility.
The detainees are permitted to retain personal property items specified in the standard.	$\boxtimes$			
A visitor dress code is available to the public.	$\boxtimes$			The facility provides a visitor dress code to the public.
Visitors are searched and identified according to standard requirements.	$\boxtimes$			
The requirement on visitation by minors is complied with.	$\boxtimes$			The facility allows minor visitation.
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			$\boxtimes$	Minor visitation is allowed.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				Minor visitation is allowed.
Detainees in special housing are afforded visitation.		$\boxtimes$		Detainees in disciplinary segregation status are not allowed visits. It is noted the maximum disciplinary segregation placement is 15 days.
Legal visitation is available seven (7) days a week, including holidays.	$\boxtimes$			
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	$\boxtimes$			
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	$\boxtimes$			
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	$\boxtimes$			Attorney meetings are contact visits.
There are written procedures governing detainee searches.	$\boxtimes$			

VISITATION						
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.						
COMPONENTS	YES	No	NA	REMARKS		
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.		$\boxtimes$		All detainees are strip searched after a contact visit with their legal representative.  The facility offers no additional option.		
Prior to each visit, legal service providers and assistants are identified per the standard.	$\boxtimes$					
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	$\boxtimes$			The current list of pro bono legal organizations was observed posted within the detainee housing units and other appropriate areas.		
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	$\boxtimes$			ICE staff reported many tours have been allowed and the decision to permit or deny a tour is made by the FOD.		
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	$\boxtimes$					
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	$\boxtimes$					
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	$\boxtimes$					
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	$\boxtimes$			ICE reported this usually occurs via the detainee's attorney of record making a written request to the ICE Field Office. The request is reviewed and the attorney of record notified of the decision.		
ACCEPTABLE DEFICIENT		AT-R	isk	REPEAT FINDING		
REMARKS:						

Based on a physical inspection of the contact and non-contact visitation areas, postings, and available policy and procedure, it was determined the facility is in compliance with this standard.

VOLUNTARY WORK PROGRAM							
<b>POLICY:</b> IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS 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	YES	No	NA	REMARKS			
Does the facility have a voluntary work program?     Do ICE detainees participate?	$\boxtimes$			Policy CUS.009 and the detainee handbook outline the voluntary work program. The facility does offer a voluntary work program and ICE detainees are allowed to participate.			
Detainee housekeeping meets neatness and cleanliness standards.	X						
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.	$\boxtimes$			Fifteen ICE detainees work in the food service department from 4 AM to 8 AM five days a week.			
Written procedures govern selection of detainees for the Voluntary Work Program.	$\boxtimes$			Detainees have to submit a written request to on-site ICE staff to be approved to participate in the voluntary work program.			
Where possible, physically and mentally challenged detainees participate in the program.	$\boxtimes$						
The facility complies with work-hour requirements for detainees, not exceeding:  • Eight hours a day and Forty hours a week.			$\boxtimes$	This component is only applicable for SPCs and CDFs. However, detainees work five days and work eight hours or less each day.			
Detainee volunteers generally work according to fixed schedule.	X						
If a detainee is removed from a work detail, staff places the	$\boxtimes$						
written justification for the action in the detainee's detention file.							
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	$\boxtimes$						
The voluntary work program meets:  OSHA, NFPA, ACA standards			$\boxtimes$	The section of this component that requires the voluntary work program to meet NFPA, and ACA standards is specific to SPCs and CDFs. However, this component is being met.			
Medical staff screen and formally certify detainee food service volunteers.  Before the assignment begins; and As a matter of written procedure	$\boxtimes$						
Detainees receive safety equipment/ training sufficient for the assignment.	$\boxtimes$			Food service staff provides and documents this training which is on file in the food service office.			
Proper procedure is followed when an ICE detainee is injured on the job.	$\boxtimes$						
igtherapprox Acceptable $igtharpoonup$ Deficient		AT-R	ISK	REPEAT FINDING			

#### REMARKS:

A review of policy and procedures provided confirmed compliance with this standard.

# **SECTION II HEALTH SERVICES STANDARDS**

#### HUNGER STRIKES

POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, staff refers an ICE-detainee to the medical department after three missed meals.
CDFs and IGSAs immediately report a hunger strike to the ICE.	$\boxtimes$			The ICE liaison reports a hunger strike directly to ICE.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			Two policies (Med. 008, Hunger Strikes; and J-F-02-b, Hunger Strikes) address this component.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.  • If yes, in an observation room?			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, staff isolates a hunger-striking ICE detainee in an observation room on the infirmary unit.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, medical personnel are authorized to place an ICE detainee in a locked hospital room.
Medical staff records the weight and vital signs of a hunger- striking detainee at least once every 24 hours.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, weight and vital signs are recorded at least once every 24 hours.
The OIC of the facility obtains a hunger strikers consent before medical treatment.	$\boxtimes$			Medical staff obtains specific authorization consent prior to medical treatment.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy J-1-05, Informed Consent and Right to Refuse, addresses this component.
During a hunger strike, staff document and provide the hunger- striking detainee three meals a day.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, staff documents and provides the hunger striker with three meals each day.
Staff maintains the hunger strikers supply of drinking water/other beverages.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, fluids are afforded to the ICE detainee at regular intervals.
During a hunger strike, staff removes all food items from the hunger strikers living area.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, all commissary and food related items are removed from the living area.
Staff is directed to record the hunger strikers fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, staff records the hunger striker's food and fluid intake.
The medical staff has written procedures for treating hunger strikers.	$\boxtimes$			Policy Med. 008 addresses this component.
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy J-F-02-b addresses this component.

#### HUNGER STRIKES POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES. COMPONENTS YES No NA REMARKS Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation $\boxtimes$ Policy Med. 008 addresses this component. and treatment. Staff remains current in evaluation and treatment techniques. **ACCEPTABLE** DEFICIENT AT-RISK REPEAT FINDING

#### REMARKS:

Medical staff reported two ICE detainee hunger strikes since the 2010 inspection. Neither extended beyond four meals and did not require medical intervention beyond normal procedure as outlined in Policy J-F-02-b, Hunger Strike.

# ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.

COMPONENTS	YES	No	NA	REMARKS
<u>Facilities</u> operate a health care facility in compliance with state	$\boxtimes$			The facility operates in compliance with
and local laws and guidelines.  The facility's in-processing procedures for arriving detainees				New Jersey state law.  ICE detainees are medically screened upon
include medical screening.	$\boxtimes$			admission by medical staff.
All detainees have access to and receive medical care.				Policy J-A-01, Access to Health Care,
				addresses this component. All ICE
		l	l	detainees are informed verbally and in
	$\boxtimes$			writing on how to access health care.
				Access to health care is included in the ICE detainee handbook in English and Spanish
				and is posted in the housing units.
The facility has access to a PHS/DIHS Managed Health Care				The facility uses an ICE liaison who has
Coordinator.	$\boxtimes$			access to a health care coordinator.
The medical staff is large enough to provide, examine, and				The medical staff includes: a physician
treat the facility's detainee population.				medical director; a staff physician; an
				infectious disease physician; an
				obstetrics/gynecology (OB/GYN) physician(b)(7)(elentists)(7)(director of nurses;
				(b)(7)(e)urse practitioners (NPs); an(b)(7)(e)
				nurses. There are als@)(7)(Jab technicians,
	$\bowtie$			a pharmacy technician (7) director of medical
				records, an(h)(7)(medical record clerks.
				Nursing personnel are employees of Hudson
				County. Other medical personnel are employees of Correctional Health Services
				(CHS), who is contracted with the county to
				provide services. Medical staff is on site 24
				hours per day, seven days per week.
The facility has sufficient space and equipment to afford				The facility has sufficient space and
detainee privacy when receiving health care.		l	l	equipment to provide health care in a
	$\boxtimes$			private setting. A more detailed description of the health service unit (HSU) is below in
				the remarks section.
The medical facility has its own restricted-access area. The				This component is only applicable for SPCs
restricted access area is located within the confines of the			$\boxtimes$	and CDFs. At this facility, the HSU is
secure perimeter.				located within the confines of the secure
m 1 1 1 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1				perimeter.
The medical facility entrance includes a holding/waiting room.		l 🖂	$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, the HSU
				entrance includes a waiting room.
The medical facility's holding/waiting room is under the direct				This component is only applicable for SPCs
supervision of custodial staff.			$\boxtimes$	and CDFs. At this facility, the waiting
				room is under the direct supervision of
				custodial staff.
Detainees in the holding/waiting room have access to a drinking fountain.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, there is no
drinking fountain.				drinking fountain.
Medical records are kept apart from other files. They are:				-
<ul> <li>Secured in a locked area within the medical unit;</li> </ul>				Medical records are maintained in a locked
With physical access restricted to authorized medical	$\boxtimes$			room in the HSU. Access is restricted to
staff; and				medical staff only.
<ul> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				
mes.		L	L	

## ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL

WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
Pharmaceuticals are stored in a secure area.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, pharmaceuticals are stored in locked cabinets in the locked pharmacy. They are also stored in locked medication carts and in locked cabinets in the nursing medication room.
<ul> <li>Medical screening includes a Tuberculosis (TB) test.</li> <li>Every arriving detainee receives a TB test during the admission process;</li> <li>Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and</li> <li>Detainees not screened are housed separate from the general population.</li> </ul>	$\boxtimes$			In 26 of 26 medical records reviewed, ICE detainees received TB testing upon admission.
All detainees receive a mental-health screening upon arrival. It is conducted:  • By a health care provider or specially trained officer; and • Before a detainee's assignment to a housing unit.	×			The portion of this component that requires a detainee to receive a mental health screening before being assigned to a housing unit is specific to SPCs and CDFs. At this facility, ICE detainees receive a mental health screening upon arrival. It is conducted by both a specially trained officer during the booking process and by nursing staff during the admission process.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, nursing personnel provide admission screening; therefore, they are able to readily identify ICE detainees needing medical attention.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	$\boxtimes$			In 26 of 26 medical records reviewed, ICE detainees received physical examinations within 14 days of admission.
Detainees in the Special Management Unit have access to health care services.	$\boxtimes$			Nursing personnel make at least daily SMU rounds to provide medications and access to health care.
Staff provides detainees with health services (sick call) request slips daily, upon request.  • Request slips are available in 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.				The requirement for staff to provide detainees with health services (sick call) request slips daily, upon request and the request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population is specific to SPCs and CDFs. At this facility, ICE detainees use a kiosk system to request medical care (described in more detail below). ICE detainees may also use paper sick call request slips which are printed in both English and Spanish. Sick call requests are reviewed daily.
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.	$\boxtimes$			Policy J-A-07, Emergency Response Plan, addresses this component.

## ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL

WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
The plan includes an on-call provider.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, a physician and an NP are on-call.
The plan includes a list of telephone numbers for local ambulance and hospital services.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, the telephone numbers are maintained at the nurse's station.
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The plan includes procedures for facility staff to utilize emergency health care consistent with security and safety.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	$\boxtimes$			All staff is trained in cardiopulmonary resuscitation (CPR), use of the automatic external defibrillator (AED), and first aid at initial orientation and then every two years thereafter.
Where staff is used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, only nursing staff distributes medications.
The medical unit keeps written records of medication that is distributed.	$\boxtimes$			Nursing staff uses Medication Administration Records (MARs) for this purpose.
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.			$\boxtimes$	This component is only applicable for SPCs and CDFs. At this facility, medical staff uses a classification form to notify the facility of a detainee with special needs.
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	$\boxtimes$			Policy J-1-05, Informed Consent and Right to Refuse, addresses this component. All examinations, treatments, and procedures affected by informed consent standards in the community will be observed when providing care for ICE detainees.
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	$\boxtimes$			Policy J-H-02, Confidentiality of Health Records, addresses this component. ICE detainees must provide written authorization to release medical records to outside sources.
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	$\boxtimes$			Medical staff report they are provided with advance notice prior to the discharge of an ICE detainee.
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	$\boxtimes$			The ICE detainee's medical record is available for copy. In most cases a summary of the medical record is forwarded to an outside hospital or health care provider.
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	$\boxtimes$			Policy J-H-04 addresses this component.  Nursing personnel prepare a transfer summary to be placed in the envelope.
<b>△</b> ACCEPTABLE		AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

At this facility, nursing personnel are provided through Hudson County and other medical personnel are employees of CHS, the company contracted with Hudson County to provide medical services.

A kiosk electronic system located on the housing units allows each ICE detainee to personally and privately request routine medical attention. On a daily basis, medical personnel retrieve the requests from the system for triage. Each ICE detainee has a pin number and can also use the system for other purposes, i.e., commissary, visiting requests, etc. ICE detainees are well trained in the use of the kiosk system.

The HSU is large and contains an infirmary with 16 cells. There is: an infirmary office; an infirmary medication room; an HSU office; a director of nurses' office; a large waiting area with benches; a nursing medication room; a pharmacy; four exam rooms; two dental suites; an X-ray suite of three rooms; two other office spaces; and a laboratory. In addition, there is an exam room in the booking area, as well as an exam room in each housing unit which is used by both medical and mental health personnel.

During the inspection, 26 ICE detainee medical records were reviewed. In all 26 medical records, admission medical and mental health screening, tuberculosis testing, and physical examination documentation was present and indicated timely completion. Consent to treatment was evident in all records.

During the last review, issues arose regarding the storage of pharmaceuticals and the lack of inventories for needles, syringes, and medical instruments. During this inspection, it was noted those issues have been resolved. Pharmaceuticals are now stored in a secure pharmacy room and in locked medication carts located in a secure nursing medication room. Medications confiscated from arriving detainees are now inventoried and locked in a medication cart in the pharmacy. Inventories are now maintained for needles, syringes, and medical instruments and they are counted (b)(7)(E) by nursing personnel. Dental tools are inventoried and counted (b)(7)(E) Sample counts were conducted and found to be accurate.

#### SUICIDE PREVENTION AND INTERVENTION

**POLICY:** ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.

RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.					
COMPONENTS	YES	No	NA	REMARKS	
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	$\boxtimes$			Two policies (Med. 005, Inmate Suicide Prevention and Intervention; and J-G-05, Suicide Prevention Program) address this component. Staff is trained during initial orientation and annually thereafter.	
Training prepares staff to:  Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	$\boxtimes$			Staff is trained to recognize signs of a potential suicide, the appropriate referral process, and provided information as to suicide prevention techniques.	
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.  • Screening does not occur later than one working day after the detainee's arrival.	$\boxtimes$			All ICE detainees are screened for suicide potential during the initial admission process by both correctional officers and medical staff.	
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	$\boxtimes$			Policies Med. 005 and J-G-05 address this component.	
The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			There are b)(7)(e)designated isolation rooms located on the infirmary unit.	
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.		$\boxtimes$		(b)(7)(e)	
Medical staff has approved the room for this purpose.	$\boxtimes$			Medical staff has approved the rooms for this purpose.	
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	$\boxtimes$			As evidenced during the inspection, staff observes and documents suicide watch status at least once every 15 minutes and documents the watch in a logbook.	
		AT-R	isk	REPEAT FINDING	

#### REMARKS:

There was one non-ICE detainee suicide, by hanging, in the past year. The suicide took place on a regular housing unit.

Documentation of admission mental health screening was evident in all 26 medical records reviewed.

The isolation rooms contain a one-piece stainless toilet/sink and a pre-formed, smooth plastic bed, which is attached to the floor. There are metal frames attached to the wall at about head height level, which could be used in a suicide attempt. Light fixtures located mid-way on the wall could also provide access for a suicide attempt.

During the inspection, a suicide watch was observed. Policy and procedure was followed and a 15-minute watch was performed by correctional staff. Mental Health staff include (1)(7)(6) sychiatrists and (5)(7)(6) sychologists. Jersey City Medical Center is used for emergency psychiatric care and the Ann Klein Forensic Center is used for long-term psychiatric care.

#### TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.

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.

TELETIED TOTAL CONTROL OF				
COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.	$\boxtimes$			Chronically- or terminally-ill ICE detainees are not normally accepted at this facility.  Should an ICE detainee become chronically-or terminally-ill, s/he would be transferred to a more appropriate medical facility.
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include:  • The detainee's location; and • The limitations placed on visiting.	$\boxtimes$			The facility notifies ICE officials, who then notify family members.
There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives.  • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.	$\boxtimes$			Policy J-1-04, End of Life Decision Making, addresses this component.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	$\boxtimes$			The guidelines include a provision for a private attorney to prepare the documents.
There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$			Policy J-1-04 addresses this component.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	$\boxtimes$			All appropriate medical standards are followed in regard to Do Not Resuscitate (DNR) orders.
The facility notifies the DIHS 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.	$\boxtimes$			Policy J-1-04 addresses this component.
The facility has written procedures to address the issues of organ donation by detainees.	$\boxtimes$			The procedure entitled Organ Donation outlines the donation process.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	$\boxtimes$			Policy J-1-04 addresses this component. The facility notifies ICE officials, who then notify family members and other interested parties.
The facility has a policy and procedure to address the death of a detainee while in transport.		$\boxtimes$		Facility policy and procedure does not address the death of an ICE detainee while in transport.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	$\boxtimes$			ICE retains authority for the transportation of the body, autopsy, and burial as deemed necessary.
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's is a U.S. military veteran, is the Department of Veterans Affairs notified?	$\boxtimes$			Pursuant to an interview with the ICE liaison, this process would be initiated and followed-up by the ICE case officer.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	$\boxtimes$			Pursuant to an interview with the ICE liaison, a death certificate would be placed in the subject's A-file.

#### TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT. CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS. COMPONENTS YES No NA REMARKS The facility follows established policy and procedures describing Two policies (Med. 009, Terminal Illness when to contact the local coroner regarding such issues as: and Death; and J-A-10, Procedure in Event of Performance of an autopsy; $\times$ an Inmate Death) address this component. Who will perform the autopsy; All deaths are reported to the medical Obtaining state approved death certificates; and examiner.

# Enforcement Alien Removal Module (EARM) system and the death certificate would be placed in the file. ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING

#### REMARKS:

There were four non-ICE detained deaths at the facility in the past year. As previously noted, one death was by suicide. The other three deaths were by natural causes and occurred during hospitalization: one female with a ruptured congenital berry aneurysm; one male with a ruptured pulmonary vessel secondary to severe liver disease; and one male with acute renal failure.

(b)(6), (b)(7)(c) / January 6, 2011 AUDITOR'S SIGNATURE / DATE

case of a deceased detainee.

Local transportation of the body.

ICE staff follows established procedures to properly close the

Pursuant to an interview with the ICE liaison.

a note and comment would be placed in the

# **SECTION III** SECURITY AND CONTROL STANDARDS

## **CONTRABAND**

POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.

CONTRABAND DESTRUCTION IS REQUIRED.  COMPONENTS	YES	No	NA	REMARKS
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	$\boxtimes$			The portion of this component that requires staff to inventory, hold and report contraband when necessary to the proper authority for action/possible seizure is specific to SPCs and CDFs. Policy CUS.045, Contraband Control, requires staff to inventory, hold and report all contraband. Policy CUS.042, Chain of Evidence for Narcotics, provides guidance for that specific type of illegal contraband.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.			$\boxtimes$	This component is only applicable for SPCs and CDFs. However, at the time of the inspection, facility policy conformed to this component.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Facility policy requires staff to return property, not needed as evidence, to the proper authority.
Altered property is destroyed following documentation and using established procedures.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Facility policy and practice are compliant with this component.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Designated staff consults with a religious authority before confiscating religious items.
Staff follows written procedures when destroying hard contraband that is illegal.	$\boxtimes$			
Hard contraband that is illegal (under criminal statutes) may be 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.			$\boxtimes$	This component is only applicable for SPCs and CDFs. It was noted at the time of the inspection that the facility does not retain hard illegal contraband.
		AT-R	lisk	REPEAT FINDING

# REMARKS:

Review of facility policies and interviews with staff demonstrate the facility is in compliance with this standard.

## **DETENTION FILES**

**POLICY:** EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.

COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.	$\boxtimes$			A detention file was created for every new arrival to the facility whose stay exceeded 24 hours.
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$			
The detainee's detention file also contains documents generated during the detainee's custody.  • Special requests  • Any G-589s and/or I-77s closed-out during the detainee's stay  • Disciplinary forms/Segregation forms  • Grievances, complaints, and the disposition(s) of same		$\boxtimes$		Classification files and other hard files are maintained in two separate offices, approximately 75 feet apart. All documents generated and required are within one of these files.
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	$\boxtimes$			The portion of this component that requires detention files to be in lockable cabinets with the keys limited to supervisors if the files are not maintained in a secure area is specific to SPCs and CDFs. During this review, the detention files were located and secured in dedicated areas; therefore the requirement for the cabinets to be lockable with keys limited is a moot issue.
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.	$\boxtimes$			The I-203 Form is the releasing document and copies are placed in the detainee's file along with receipts for property and valuables and any other documentation generated during the detainee's release.
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	$\boxtimes$			The cover file is marked noting the file is complete and ready to be archived.
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	$\boxtimes$			
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.		$\boxtimes$		All staff has access to the files. A log is maintained on which to record files removed and returned.
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

#### REMARKS:

During this inspection, the detention file areas and relevant ICE detainee detention files were inspected. Other than the couple non-compliant components, the facility is in overall compliance with this standard.

# DISCIPLINARY POLICY

POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN

COMPLIANCE WITH FACILITY RULES AND REGULATIONS.				
COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.	$\boxtimes$			Administration of discipline is governed by Policy CUS.015. It prescribes progressive
The facility rules state that disciplinary action shall not be capricious or retaliatory.	$\boxtimes$			levels of review and appeals.
Written rules prohibit staff from imposing or permitting the following sanctions:	$\boxtimes$			
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	$\boxtimes$			Rules of conduct, sanctions, and procedures for violations are included in the detainee handbook provided to all detainees, as well as communicated verbally during detainee orientation.
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility:  Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions	$\boxtimes$			The requirement to post "Prohibited Acts", the "Disciplinary Severity Scale", and the "Sanctions" is specific to SPCs and CDFs. Postings for rights and responsibilities, prohibited acts and the disciplinary severity scale were observed at the time of the inspection.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Facility policy encourages informal resolution for minor rule violations.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Facility policy requires incident reports and notice of charges to be forwarded to the designated supervisor within 24 hours.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	$\boxtimes$			
An intermediate disciplinary process is used to adjudicate minor infractions.	$\boxtimes$			The Disciplinary Hearing Officer (DHO) serves in an intermediate capacity.
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 detainees and staff representatives;  • Bases its findings on the preponderance of evidence; and  • Imposes only authorized sanctions	$\boxtimes$			The bulleted sections of this component are specific to SPCs and CDFs. However, there is a disciplinary panel which is referred to as the Disciplinary Board. The facility procedure complies with all elements of this component as to its duties and proceedings.
A staff representative is available if requested for a detainee facing a disciplinary hearing.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees at the facility are allowed staff or detainee assistance and/or representation.

DISCIPLINARY POLICY					
POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN					
COMPLIANCE WITH FACILITY RULES AND REGULATIONS.  COMPONENTS  YES NO NA REMARKS					
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	$\boxtimes$				
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.	$\boxtimes$			The maximum sanction for any infraction is 15 days.	
Written procedures govern the handling of confidential- informant information. Standards include criteria for recognizing "substantial evidence"	$\boxtimes$				
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$				
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

## REMARKS:

Detainee disciplinary procedures at the facility are in compliance with the standard.

# EMERGENCY (CONTINGENCY) PLANS

POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY. COMPONENTS YES NO NA REMARKS

control or authority over other detainees.		$\boxtimes$		provision prohibiting the exercise of authority by detainees or groups of detainees over other detainees.
Detainees are protected from:      Personal abuse     Corporal punishment     Personal injury     Disease     Property damage     Harassment from other detainees	$\boxtimes$			The detainee handbook issued to all detainees informs them of protection from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment from others.
Staff is trained to identify signs of detainee unrest.  • What type of training and how often?	$\boxtimes$			The facility offers a variety of annual and periodic in-service training programs which satisfy this requirement by addressing: Cultural Competency; Diversity; Conflict Resolution; Crisis Intervention; Mental Health for Corrections; Gang Intelligence; De-Escalation; and the Post Orders.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	$\boxtimes$			Post orders require the reporting of unusual activities and conditions through the chain-of-command to the Director.
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	$\boxtimes$			The facility's Professional Standards Unit and the Commander of the Special Operations Group are designated as being responsible for this duty.
The plans address the following issues:	$\boxtimes$			The facility has a comprehensive policy governing the confidentiality, copying/storage, review, and revision of facility procedures and policy; it is Policy ADM.013, Management Information System and Government Records.
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	$\boxtimes$			Policy CUS.36, Meeting Emergencies, is the general section of the emergency response policy.
The facility has cooperative contingency plans with applicable:  • Local law enforcement agencies  • State agencies  • Federal agencies			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility has informal agreements with other governmental agencies.
All staff receives copies of Hostage Situation Management policy and procedures.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The training office could not provide documentation to verify all staff receives a copy of the Hostage Situation Management policy and procedures.
(b)(7)(e)  (b)(7)(e)  Within 24 hours after release, hostages are screened for medical and psychological effects.			$\boxtimes$	This component is only applicable for SPCs and CDFs. (b)(7)(e)  (b)(7)(e)  (b)(7)(e)  are screened for medical and psychological
	1		l	effects within 24 hours after release.

## **EMERGENCY (CONTINGENCY) PLANS**

**POLICY** ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.

COMPONENTS	YES	No	NA	REMARKS
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy CUS.037, Emergency Response, addresses the topic of medical treatment for staff and detainees during and after an incident.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility maintains a seven-day supply of emergency meals for staff and detainees.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility's written plans do not identify locations of shut-off valves and switches for utilities.
Written procedures cover:  Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances		$\boxtimes$		The facility has not developed written procedures to address Food Strikes. All other required emergency procedures are on file.
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	lisk	REPEAT FINDING

#### REMARKS:

The facility's policy did not prohibit the exercise of authority of detainees over other detainees or groups of detainees. Prior to the end of the inspection a provision was inserted into the detainee handbook which spoke to this topic.

The facility needs to develop written procedures addressing Food Strikes for inclusion in the emergency/contingency plans. The facility experienced a brief food strike in March 2010.

## ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

SALE-HANDLING PROCEDURES				
COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	$\boxtimes$			Policy ADM. 030 outlines the procedures for storing, issuing, and inventorying hazardous materials. The facility is only utilizing nontoxic and non-caustic substances for general cleaning in the facility. Only food service and the maintenance departments use caustic materials, and those items were inventoried, secured, and controlled by staff during this review.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.		$\boxtimes$		One aerosol can of WD-40, not inventoried, was found stored on a shelf in the food service maintenance room. Corrective action was initiated during this review, in that: the can was removed from the facility by the FSA; and the staff member received training to address the inventory and storage procedures of all flammable substances.
<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>	$\boxtimes$			MSDS files were current and data sheets are available to staff. The requirements of this component are being met.
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They:  • Wear personal protective equipment; and • Report hazards and spills to the designated official.	$\boxtimes$			Eye protection and rubber gloves were observed in the food service and maintenance areas. Staff indicated they could not recall any spills or caustic substance hazards having occurred in the past.
The MSDSs are readily accessible to staff and detainees in work areas.	$\boxtimes$			
Hazardous materials are always issued under proper supervision.     Quantities are limited; and     Staff always supervises detainees using these substances.	$\boxtimes$			
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.		$\boxtimes$		One aerosol can of WD-40 was found stored on a shelf in the food service maintenance room. The can was removed from the facility by the FSA. All other flammable materials were found in the maintenance department; they were locked in an approved cabinet with appropriate inventory sheets.
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	$\boxtimes$			
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	$\boxtimes$			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	$\boxtimes$			

#### ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	YES	No	NA	REMARKS
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	$\boxtimes$			Temperatures in the housing units are controlled by a Theoretical Astrophysics Center (TAC) software program and maintained in accordance with industry standards.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	$\boxtimes$			Water temperatures were checked during visits to the detainee housing units and temperatures did not exceed industry standards.
All toxic and caustic materials are stored in their original containers in a secure area.	$\boxtimes$			
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	$\boxtimes$			
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			$\boxtimes$	No methyl alcohol was observed during this review.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	$\boxtimes$			Detainees are not exposed to any flammable, toxic or caustic materials. All facility staff receives pre-service training as required by this component.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	$\boxtimes$			An annual test is conducted by SimplexGrinnell.
A technically qualified officer conducts the fire and safety inspections.	$\boxtimes$			The facility has several staff members with certification from the county.
The Safety Office (or officer) maintains files of inspection reports.		$\boxtimes$		No documentation of inspections is being maintained.
The facility has an approved fire prevention, control, and evacuation plan.	$\boxtimes$			The facility has a fire prevention, control, and evacuation plan that was approved by the Hudson County Fire Marshal on 06-10-10.
<ul> <li>The plan requires:</li> <li>Monthly fire inspections;</li> <li>Fire protection equipment strategically located throughout the facility;</li> <li>Public posting of emergency plans with accessible building/room floor plans;</li> <li>Exit signs and directional arrows; and</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>	$\boxtimes$			Policies CUS.028 and CUS.029 address these requirements. The facility was inspected on 06-10-10 and had three minor deficiencies noted.
Fire drills are conducted and documented monthly.	$\boxtimes$			A fire drill logbook is maintained in the control center.
A sanitation program covers barbering operations.		$\boxtimes$		The location where barbering is done does not meet sanitation standards. All barbering services are done in the housing unit dayrooms.

#### ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	YES	No	NA	REMARKS
The barber shop has the facilities and equipment necessary to meet sanitation requirements.		$\boxtimes$		The barbershop area does not have the following required items: hot running water (capable of maintaining a constant flow between 105°F - 120°F); lavatory; appropriate cabinets; covered metal containers for waste; disinfectants; laundered towels; and haircloths.
The sanitation standards are conspicuously posted in the barbershop.		$\boxtimes$		Barbering is done in the dayrooms; there is no barbershop in which to post any standards and sanitation requirements are not met at this facility.
Written procedures regulate the handling and disposal of used needles and other sharp objects.	$\boxtimes$			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	$\boxtimes$			
Standard cleaning practices include:  Using specified equipment; cleansers; disinfectants and detergents.  An established schedule of cleaning and follow-up inspections.	$\boxtimes$			
The facility follows standard cleaning procedures.	$\boxtimes$			Policy ADM.030 addresses cleaning procedures.
Spill kits are readily available.	$\boxtimes$			Support services and the medical unit had spill kits.
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	$\boxtimes$			Steri-Cycle has the disposal contract.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	$\boxtimes$			
Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$			Smentkowski Waste Removal has the facility contract and pursuant to the contract all regulatory requirements are to be met.
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.  • At least monthly.  • The pest-control program includes preventative spraying for indigenous insects.	$\boxtimes$			Prime Pest Control provides monthly pest control services. Pursuant to the contract they are to be certified/licensed and provide a preventive spraying program as required by this component.
Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			The town of Kearny conducts these tests on an annual basis.
Emergency power generators are tested at least every two weeks.     Other emergency systems and equipment receive testing at least quarterly.     Testing is followed-up with timely corrective actions (repairs and replacements).	$\boxtimes$			Tests are conducted during the first and third weeks of the month. A logbook is maintained in the maintenance department and any required corrective action is initiated.
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

During the January 2010 inspection this standard was found to be deficient by the inspection team. On 01-12-10, the facility issued a revised policy as a corrective plan of action to address the deficiencies. This inspection yielded the following noteworthy items:

- All air exchange vents were found open and operating effectively;
- MSDS sheets were current and available to staff;
- The local Fire Marshal inspected the facility on 06-10-10, with only three minor violations noted;
- Sixteen fire drills have be conducted and logged since July of 2010 (NOTE: The logbook documenting the fire drills for the first six months of 2010 was not available due to Internal Affairs possessing the log for an investigation.);
- Policy addressing sharps and medical tools is being followed by staff; and
- Sanitation in the facility was found to be acceptable, except for barbering services.

Bed bugs were discovered at the facility in August of 2010. The facility contacted Prime Pest Control and they used Bedlary to eradicate the infestation. A review of all Prime Pest Control 2010 monthly reports indicated bed bug treatments were conducted in August 2010 for holding cells 103 and 104. October 2010 reports indicated treatments were performed on October 18, 22, 26, 27, and

# HOLD ROOMS IN DETENTION FACILITIES

POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT. INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.

COMPONENTS	YES	No	NA	REMARKS
The hold rooms are situated within the secure perimeter.				This component is only applicable for SPCs
The hold rooms are statated within the secure perimeter.				and CDFs. The hold rooms are located
				within the secure perimeter.
The hold rooms are well ventilated well lighted, and all				This component is only applicable for SPCs
activating switches are located outside the room.	l		l	and CDFs. The hold rooms appeared to be
activating switches are located outside the foom.			$\boxtimes$	well ventilated, lit, and all activating switches
				were outside the room.
The 1-11				
The hold rooms contain sufficient seating for the number of	l	l 🖂		This component is only applicable for SPCs
detainees held.				and CDFs. The hold rooms offered sufficient
D 1 4 1 1 4 14 1 1 1 1 1 1 1 1 1 1 1 1 1				seating for the number of detainees held.
Bunks, cots, beds, or other related make-shift sleeping apparatus				This component is only applicable for SPCs
are precluded from use inside hold rooms.			$\boxtimes$	and CDFs. During this inspection there were
				no cots, beds or other sleeping apparatus
				observed within the hold rooms.
The walls and ceilings of the hold rooms are tamper and escape	l	l _		This component is only applicable for SPCs
proof.			$\boxtimes$	and CDFs. The hold rooms are tamper and
				escape proof.
Individuals are not held in hold rooms for more than 12 hours.	X			
Male and females are segregated from each other.	X			Males and females are segregated.
Detainees under the age of 18 are not held with adult detainees.	$\boxtimes$			
Detainees are provided with basic personal hygiene items such		l	l	
as water, soap, toilet paper, cups for water, feminine hygiene	$\boxtimes$			
items, diapers and wipes.				
In older facilities, officers are within visual or audible range to	$  \Box $	$\Box$		The hold rooms have a toilet for detainee use.
allow detainees access to toilet facilities on a regular basis.				The hold rooms have a tonet for detained use.
All detainees are given a pat down search for weapons or	$\boxtimes$		$  \Box $	
contraband before being placed in the room.				
Officers closely supervise the detention hold rooms using direct				
supervision (Irregular visual monitoring.).				
<ul> <li>Hold rooms are irregularly monitored every 15</li> </ul>	$\boxtimes$			
minutes.				
<ul> <li>Unusual behavior or complaints are noted.</li> </ul>				
When the last detainee has been removed from the hold room, it	$\boxtimes$			
is given a thorough inspection.				
There is a written evacuation plan that includes a designated				The facility has a written evacuation plan
officer to remove detainees from hold rooms in case of fire				(CUS.029) for the holding area. The section
and/or building evacuation.				of this component that requires for the
				evacuation plan to include a designated
		l —	I —	officer to remove detainees from hold rooms
				in case of fire and/or building evacuation is
				specific to SPCs and CDFs. The specific
				housing area officer is designated as the
				person responsible for removing detainees,
				consistent with the evacuation plan provided.
An appropriate emergency service is called immediately upon a	$\boxtimes$			
determination that a medical emergency may exist.				
		AT-R	ISK	REPEAT FINDING

REMARKS:

# KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL

COMPONENTS	YES	No	NA	DEMARKS
COMPONENTS  The consider of Constitution of Co	IES	NU	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an	$\square$			The facility has a licensed locksmith who is
approved locksmith training program.	$\boxtimes$			considered the equivalent of an assigned
TT '- C' '- 1 - 1 TOO - 1 '11 C				security officer for purposes of key control.
The security officer, or equivalent in IGSAs, has responsibly for	$\square$			The locksmith has responsibility for all
all administrative duties and responsibilities relating to keys,	$\boxtimes$			administrative duties and responsibilities
locks etc.				relating to keys, locks, etc.
The security officer, or equivalent in IGSAs, provides training to				There was no documentation available to
employees in key control.		$\boxtimes$		verify key control training is provided to
				employees.
The security officer, or equivalent in IGSAs, maintains				There was no inventory of the facility's locks.
inventories of all keys, locks and locking devices.				The inventory of keys is a "key control
				book" in which the individual keys on each
			l	staff member's personally-issued key ring is
		$\boxtimes$		documented line-by-line, key-by-key, in date
				order. The personally-assigned key rings are
				not numbered, the number of keys on the ring
				is not documented, and the keys can be
				removed from the ring.
The security officer follows a preventive maintenance program				Preventive maintenance is documented in a
and maintains all preventive maintenance documentation.				composition book for each section of the
				facility. Preventive maintenance is
				documented; however, no established
				maintenance schedule has been implemented.
		$\boxtimes$		Staff indicated that starting in 2010 key and
				lock preventive maintenance was to be
				conducted monthly. However, for E Pod (in
				which ICE detainees are housed), 2010
				preventive maintenance was documented for
				only seven months (January, May, June, July,
T 11/4 11 1 1 11 4 1 C				September, October, and December).
Facility policies and procedures address the issue of				Policy CUS.019, Reporting and Handling of
compromised keys and locks.		$\boxtimes$		Broken or Damaged Keys, does not address
TI '. C' ' 1 .' TOGA 1 1 1' 1				compromised locks.
The security officer, or equivalent in IGSAs, develops policy and				There are b)(7)(e) afes in the facility: (b)(7)(e)
procedures to ensure safe combinations integrity.				belong to other government entities for the
			$\bowtie$	storage of bail bond money; and the other
				(a))(7)(b)elong to the commissary vendor.  Facility staff does not have the combinations
				for these safes.
Only dead bolt or dead lock functions are used in detainee				for these sales.
accessible areas.	$\boxtimes$			
Only authorized locks (as specified in the Detention Standard)				
are used in detainee accessible areas.	$\boxtimes$			
Grand master keying systems are prohibited.				The locksmith confirmed the facility does not
Grand master keying systems are promoted.	$\boxtimes$			have a grand master keying system.
All worn or discarded keys and locks are cut up and properly				The locksmith confirmed that worn or
disposed of.	$\boxtimes$			discarded keys and locks are cut up and
	K-X			disposed of outside of the facility.
Padlocks and/or chains are prohibited from use on cell doors.	$\boxtimes$			
with or similar me promotion from use on sell doors.				

# KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.

COMPONENTS	YES	No	NA	REMARKS
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, Ch. 3;  National Fire Protection Association Life Safety Code 101.	$\boxtimes$			
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.		$\boxtimes$		The operational key board in the Armory is not large enough to accommodate all of the facility's key rings. The keyboard accommodates vehicle keys and what the facility terms "security keys." It cannot accommodate the personally-assigned key rings which allegedly do not hold security keys.
Procedures are in place to ensure that key rings are:  Identifiable; The numbers of keys are cited; and Keys cannot be removed.		$\boxtimes$		Personally-assigned keys rings issued to supervisory staff are not numbered, the number of keys on the ring is not cited, and keys can be removed from the ring.
Emergency keys are available for all areas of the facility.	$\boxtimes$			(b)(7)(e)
The facilities use a key accountability system.		$\boxtimes$		There is no accountability system for the keys placed on personally-assigned key rings and they are not routinely counted.
Authorization is necessary to issue any restricted key.	$\boxtimes$			Restricted key issuance is controlled by the  (b)(7)(e)  (b)(7)(e)
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.	$\boxtimes$			Gun lockers are located in a secure area  (b)(7)(e)  The only access door  is under the observation of the (b)(7)(E)
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.		×		The requirement for keys to be physically counted daily is specific to SPCs and CDFs. The facility requires, and documentation was provided for, the once-per-shift key counts in Control and Post 5 Main (in E-Pod). Personally-assigned keys are not routinely counted.
<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>		$\boxtimes$		The bulleted sections of the component are specific to SPCs and CDFs. There was no documentation of staff training on any of these topics.
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING

#### **REMARKS:**

The January 2010 annual inspection found there was no accountability system for keys, facility policy did not address procedures for addressing compromised locks, and the key rings were not identifiable. The facility's plan of action for that inspection was to develop policy to address the deficient findings. However, observed practice during this inspection revealed there continues to be several unresolved issues regarding the accountability and handling of keys within the facility.

It should be noted that during the course of this inspection, the facility developed a Daily Activity Report form to be completed by all staff members' assigned personally-issued key rings. Additionally, a memorandum was issued which requires the immediate reporting of any personal keys lost, stolen, misplaced or damaged.

The facility needs to review the Key Control Standard in its entirety to ensure policy and practices are compliant. This standard is found to be a repeat deficiency.

#### POPULATION COUNTS

POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY.

COMPONENTS	YES	No	NA	REMARKS
Staff conduct a formal count at least once each shift.	$\boxtimes$			Formal counts are required at the beginning and end of each tour of duty.
Activities cease or are strictly controlled while a formal count is being conducted.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Movement ceases during count.
Certain operations cease during formal counts.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Activities in areas with detainee workers and ongoing programming continue.
All movement ceases for the duration of a formal count.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Movement ceases during count.
Formal counts in all units take place simultaneously.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility conducts simultaneous counts.
Detainee participation in counts is prohibited.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Facility policy states, "No one except custody staff members shall conduct a count."
A face-to-photo count follows each unsuccessful recount.			$\boxtimes$	This component is only applicable for SPCs and CDFs. A formal count is conducted after any erroneous count; however, no face-to-photo count is specifically required. A photo log is maintained in each housing unit and would be used for any re-count.
Officers positively identify each detainee before counting him/her as present.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees are identified by comparing their ID to the facility roster for each area.
Written procedures cover informal and emergency counts.  • They are followed during informal counts and emergencies.	$\boxtimes$			
The control officer (or other designated position) maintains an out-count record of all detainees temporarily leaving the facility.	$\boxtimes$			Out-count records are maintained in the control center.
This training is documented in each officer's training folder.	$\boxtimes$			Specialized training for control center officers is provided on the job by the assigned control center supervisor.
		AT-R	RISK	REPEAT FINDING

## REMARKS:

Counts are reported to the control center from the housing units, to include out-counts with each detainee's location. Central Control then verifies the formal count with the running count maintained in the receiving/discharge area. Observation, review of policy and procedure, and interviews with staff confirmed the facility is in compliance with this standard.

# POST ORDERS

POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS

ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST						
COMPONENTS	YES	No	NA	REMARKS		
Every fixed post has a set of post orders.	$\boxtimes$	$  \Box $	l 🖂	Post orders were found to be accessible to		
	K-X		ш	staff on all posts inspected.		
Each set contains the latest inserts (emergency memoranda, etc.)				This component is only applicable for SPCs		
and revisions.			$\boxtimes$	and CDFs. Facility practice requires the post		
		_		orders be updated and re-issued in lieu of		
- 11111				inserts.		
One individual or department is responsible for keeping all post-	$\boxtimes$		l 🗇	The Professional Standards Unit has this		
orders current with revisions that take place between reviews.	_			responsibility.		
The IGSA maintains a complete set (central file) of post orders.	$\boxtimes$			Hard copies of the post orders are maintained in each Division Manager's Office.		
The central file is accessible to all staff.				This component is only applicable for SPCs		
1110 001111111 1110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 11				and CDFs. Staff may access hard copies of		
	▎┌┐╵			the post orders in each Division Manager's		
			$\boxtimes$	Office and may request a print-out from the		
				automated data base maintained by the		
			<u> </u>	Professional Standards Unit.		
The OIC or Contract / IGSA equivalent initiates/authorizes all				This component is only applicable for SPCs		
post-order changes.				and CDFs. The Professional Standards Unit		
				has responsibility for post order changes,		
				which the Director must authorize.		
The OIC or Contract / IGSA equivalent has signed and dated the	<b> </b> _	l		This component is only applicable for SPCs		
last page of every section.				and CDFs. The Director signs the first page		
				of every post order.		
A review/updating/reissuing of post orders occurs regularly and	$\boxtimes$			All post orders were reviewed on 03-22-10.		
at a minimum, annually.  Procedures keep post orders and logbooks secure from detainees		<u> </u>	<u> </u> 	_		
at all times.				This component is only applicable for SPCs and CDFs. The post order policy does not		
at an times.	l 🖂 1			address this subject. However, practice		
				observed indicates post orders and logbooks		
				are kept secure from detainees.		
Every armed-post officer qualifies with the post weapon(s)				This component is only applicable for SPCs		
before assuming post duty.				and CDFs. At this facility, the training office		
,				develops and provides a "Do Not Arm" list of		
		l		any officer who has not qualified with a		
				weapon. The Training Office and Operations		
				Division have a system in place to prevent		
				non-weapons-qualified officers from being		
				assigned to armed posts.		
Armed-post post orders provide instructions for escape attempts.						
		$\boxtimes$		(b)(7)(E)		
				(=/(-/(-/		
The post orders for housing units track the event schedule.				This component is only applicable for SPCs		
				and CDFs. Post orders do not track the		
IIi whit wast officers record all detained entirity in a loc		<u> </u>	<u> </u> 	specific event schedule for the housing units.		
Housing-unit post officers record all detainee activity in a log.				This component is only applicable for SPCs		
The post order includes instructions on maintaining the logbook.			$\bowtie$	and CDFs. It is noted that housing unit post orders provide specific instructions for		
				maintaining the housing unit logbook.		
				<u></u>		
	L	AT-R	ISK	REPEAT FINDING		

#### **REMARKS:**

A review of the Post Order policy, the post orders, and an inspection of posts for the presence of a post description/order, revealed the facility is in compliance with this standard.

# SECURITY INSPECTIONS

POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE

RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GRO	ONDEN	INTACI	LIII OF	ERATIONS.
COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies:  • Posts to be inspected; • Required inspection forms; • Frequency of inspections; • Guidelines for checking security features; and • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement	$\boxtimes$			The portion of the component that requires for the security inspection policy to specify the posts to be inspected and the required inspection forms is specific to SPCs and CDFs. The facility is in compliance with all facets of this component.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The post orders require a security check (b)(7)(E) the results are documented in the post logbook.
Documentation of security inspections is kept on file.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Building, perimeter, and vehicle search forms are maintained on file and were reviewed by this inspector.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Procedures do not specifically address taking corrective action to resolve recurring problems or reporting failure to take corrective action.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	$\boxtimes$			A scan of visitor IDs is required in order for a visitor pass to be issued.
All visits are officially recorded in a visitor logbook or electronically recorded.	$\boxtimes$			Visits are recorded in a logbook.
The facility has a secure visitor pass system.	$\boxtimes$			A secure visitor pass system is in place and was used daily to issue passes to the inspection team entering the facility.
Every Control Center officer receives specialized training.	$\boxtimes$			Specialized training for Control Center officers is provided in the form of on-the-job training conducted by supervisory Control Center staff.
The Control Center is staffed around the clock.			$\boxtimes$	This component is only applicable for SPCs and CDFs. It is noted that Policy CUS.025 specifies the Control Center be staffed 24 hours a day.
Policy restricts staff access to the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy restricts access to assigned staff and others authorized by a qualified authority.
Detainees are restricted from access to the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees are not allowed access to the Control Center.
Communications are centralized in the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The Control Center is the communications site of the facility.
Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$			The post order for the Perimeter Security Patrol Officer requires s/he monitor all vehicular traffic.

#### SECURITY INSPECTIONS

POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.

COMPONENTS	YES	No	NA	REMARKS
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; and • Name of employee responsible for the vehicle during the visit			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility documents incoming and departing vehicles at the receiving area, where most vehicular traffic occurs, and in the food service area, which accepts deliveries. Law enforcement vehicles entering into the intake sally port are not specifically documented as required by this component.
Officers thoroughly search each vehicle entering and leaving the facility.	$\boxtimes$			The requirement for officers to thoroughly search vehicles leaving the facility is specific to SPCs and CDFs. The facility's post order for the Perimeter Patrol Officer requires incoming vehicles be searched; however, not departing vehicles.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$			The contraband policy addresses prevention of the introduction of contraband into the facility.
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility inventories tools being brought into, and departing from, the facility.
The SMU entrance has a sally port.	X			
Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$			
Housing area searches occur at irregular times.			$\boxtimes$	This component is only applicable for SPCs and CDFs. During this review, unit searches were being conducted at irregular times.
Every search of the SMU and other housing units is documented.	$\boxtimes$			Searches of detainee housing units are documented on the Housing Unit Inspection form.
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	$\boxtimes$			Pre-printed inspection forms document searches of storage and supply rooms, fixtures, access areas, etc.
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	$\boxtimes$			
Daily procedures include:      Perimeter alarm system tests;     Physical checks of the perimeter fence; and     Documenting the results.	$\boxtimes$			(b)(7)(e)
Visitation areas receive frequent, irregular inspections.	$\boxtimes$			
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

# REMARKS:

Review of policy and procedures, logbooks, inspection forms, and observation of facility practice confirmed the facility is in compliance with this standard.

# SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

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COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.  • Detainees are placed in the SMU (administrative) in accordance with written criteria.	$\boxtimes$			Detainees are placed in administrative segregation as a result of their initial classification instrument and the ICE I-885 Form, Administrative Segregation Review. The facility provides non-punitive protection from general population and detainees within disciplinary segregation.
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.  • A copy of the order given to the detainee within 24 hours.	$\boxtimes$			
The OIC (or equivalent) regularly reviews the status of detainees in administrative detention.  • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).			$\boxtimes$	This component is only applicable for SPCs and CDFs. On-site ICE staff review the placement of any detainee in this status and periodic reviews are conducted on all detainees by the facility's classification specialist. The review is conducted within 72 hours of a detainee's placement.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and:  • Every week thereafter for the first month; and  • Every 30 days after the first month.  • Does each review include an interview with the detainee?  • Is a written record made of the decision and the justification?			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility conducts seven-day reviews, allows the detainee a personal interview, and provides a written record of the decision/justification (with the detainee receiving a copy). The facility does not conduct weekly or 30-day reviews.
The detainee is given a copy of the decision and justification for each review.  • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The detainee receives a copy of the decision/justification and has the opportunity to appeal.
<ul> <li>The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days.</li> <li>Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.</li> </ul>			$\boxtimes$	This component is only applicable for SPCs and CDFs. ICE staff on-site indicates this is a closely monitored issue. To date, no ICE detainee has exceeded 30 days in this status. If this time limit was exceeded, however, the requirements of this component would be met.
<ul> <li>The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.</li> <li>A written record is made of the decision and the justification.</li> <li>The detainee receives a copy of this record.</li> </ul>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The only review conducted by the facility would be based on a detainee's filing a grievance. The facility would generate a written record of the grievance and the detainee would receive a copy.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees may appeal their placement at any time to the Director via a grievance.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	$\boxtimes$			

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DISCIPLINARY SECRECATION STANDARD).				
COMPONENTS	YES	No	NA	REMARKS
The SMU is:				
<ul> <li>Well ventilated;</li> </ul>				
Adequately lighted;	$\boxtimes$			The facility met the requirements of this
Appropriately heated; and				component.
Maintained in a sanitary condition.				
All cells are equipped with beds.				All cells are equipped with beds secured to
Every bed is securely fastened to the floor or wall.	$\boxtimes$			the wall.
The number of detainees in any cell does not exceed the				the wan.
occupancy limit.				
When occupancy exceeds recommended capacity, do				
basic living standards decline?				
Do criteria for objectively assessing living standards	$\boxtimes$			
exist?				
• If yes, are the criteria included in the written				
procedures?				
The segregated detainees have the same opportunities to		l	l	
exchange/launder clothing, bedding, and linen as detainees in the	$\boxtimes$			
general population.				
Detainees receive three nutritious meals per day, from the				Detainees are provided three nutritious meals
general population's menu of the day.	$\bowtie$			daily from the same menu as general
<ul> <li>Do detainees eat only with disposable utensils?</li> </ul>				population. Detainees are issued a spork and
<ul> <li>Is food ever used as punishment?</li> </ul>				food is not used as punishment.
Each detainee maintains a normal level of personal hygiene in				
the SMU.	_	l	l	
<ul> <li>The detainees have the opportunity to shower and</li> </ul>	$\boxtimes$			
shave at least three times a week.				
If not, explain.				
The detainees are provided:				
<ul> <li>Barbering services;</li> </ul>				
<ul> <li>Recreation privileges in accordance with the "Detainee</li> </ul>				
Recreation" standard;				
<ul> <li>Non-legal reading material;</li> </ul>				
<ul> <li>Religious material;</li> </ul>	$\boxtimes$			
The same correspondence privileges as detainees in the				
general population;				
Telephone access similar to that of the general				
population; and				
Personal legal material.				
A health care professional visits every detainee at least three				The shift sergeant visits and logs his presence
times a week.				in the SMU (administrative) daily; however,
The shift supervisor visits each detainee daily.		$\boxtimes$		it is not documented that every detainee is
Weekends and holidays.				visited. A health care professional does not
Weekends and nondays.				visit every detainee three times a week.
Procedures comply with the "Visitation" standard.				,
The detainee retains visiting privileges; and		l		
The visiting room is available during normal visiting	$\bowtie$		🗆	
hours.				
Visits from clergy are allowed.	X			
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# SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

**POLICY:** THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

[DISCIPLINARY SEGREGATION]" STANDARD).				
COMPONENTS	YES	No	NA	REMARKS
Detainees have the same law-library access as the general population.  • Are they required to use the law library Separately, or Separately?  • Are legal materials brought to them?	$\boxtimes$			All detainees within the SMU (administrative) submit a request for legal material, which is then brought to them in the unit.
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	$\boxtimes$			The facility maintains a post logbook which contains detainee activities.
<ul> <li>SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU.</li> <li>Staff completes the form at the end of each shift.</li> <li>CDFs and IGSA facilities use Form I-888 (or local equivalent).</li> </ul>	$\boxtimes$			The section of this component that requires the use of the "SMU housing Record" (I-888) immediately upon a detainee's placement in the SMU and for staff to complete the form at the end of each shift is specific to SPCs and CDFs. The facility does not use the I-888 Form, but rather completes an I-885 (Administrative Segregation Review) and classification forms.
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.  • Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;  • The medical officer/health care professional signs each individual's record during each visit; and  • The housing officer initials the record when all detainee services are completed or at the end of the shift.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Staff makes entries in the post log book as to general activities, such as meals delivered, recreation offered, visits, medication delivery and signs the log at the end of their shift. The medical professional does not sign each detainee's individual record during their visit.
A new record is created for each week the detainee is in Administrative Segregation.  • The weekly records are retained in the SMU until the detainee's return to the general population.			$\boxtimes$	This component is only applicable for SPCs and CDFs. A general post logbook is maintained and notations are documented as to activities within the unit. The logbook remains in the unit until all pages are completed and then it is exchanged for another log book.
		AT-R	lisk	REPEAT FINDING

#### REMARKS:

Based on a physical inspection of the SMU (administrative segregation), and a review of available logbooks, policy and procedure the facility is found to be in compliance with this standard.

# SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	$\boxtimes$			Policy CUS.006.11, the Post Order for the Disciplinary Detention Housing Unit, details procedures for placing detainees in the SMU (disciplinary segregation).
The sanctions for violations committed during one incident are limited to 60 days.	$\boxtimes$			
A completed Disciplinary Segregation Order accompanies the detainee into the SMU.  • The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.	$\boxtimes$			
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals.  • After each formal review, the detainee receives a written copy of the decision and supporting reasons.		$\boxtimes$		The section of the component that requires for detainees to receive a copy of the decision and supporting reasons after each formal review is specific to SPCs and CDFs. The facility has no procedure for reviewing the cases of individual detainees housed in disciplinary segregation at set intervals. Consequently, there is no written notification to detainees regarding the results of any review.
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	$\boxtimes$			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	$\boxtimes$			Detainees in disciplinary segregation have less access to phones, recreation, and showers.
Living conditions in disciplinary SMUs remain the same regardless of behavior.  • If no, does staff prepare written documentation for this action?  • Does the OIC sign to indicate approval.	$\boxtimes$			
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	$\boxtimes$			
The quarters used for segregation are:      Well-ventilated.     Adequately lighted.     Appropriately heated.     Maintained in a sanitary condition.	$\boxtimes$			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	$\boxtimes$			Beds are fastened to the walls.
The number of detainees confined to each cell or room is limited to the number for which the space was designate.  • Does the OIC approve excess occupancy on a temporary basis?	$\boxtimes$			The number of beds, limited to two in each cell, effectively limits the number of detainees that can be confined in each cell.
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	$\boxtimes$			Detainees would be removed and placed in the HSU on a suicide watch if they were to be deprived of clothing, mattress, blanket or pillows. There have been no incidents of this occurring during the previous 12 months.
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	$\boxtimes$			Linen exchange occurs twice weekly in the SMU, the same as in the general population.

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COMPONENTS	YES	No	NA	REMARKS
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day.  • Food is not used as punishment.	$\boxtimes$			
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	$\boxtimes$			A shower and shave are offered five times weekly after each recreation period.
Detainees receive, unless documented as a threat to security:	$\boxtimes$			
When phone access is limited by number or type of calls, the following areas are exempt:  • Calls about the detainee's immigration case or other legal matters;  • Calls to consular/embassy officials; and  • Calls during family emergencies (as determined by the OIC/Warden).	$\boxtimes$			
A health care professional visits every detainee in disciplinary segregation every week day.     The shift supervisor visits each segregated detainee daily     Weekends and holidays.		$\boxtimes$		Facility policy requires a health care professional is to visit the SMU on each shift. The SMU logbook documented a health care professional's presence in the SMU; however, it does not document that each detainee is seen by a health care professional every week day. This is also the practice for shift supervisor visits.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.		$\boxtimes$		Detainees in SMU are not allowed visitors except for legal visits and visits from the clergy. Since the maximum stay in disciplinary segregation is 15 days, the denial of regular visitation does not exceed that time frame.
<ul> <li>SMU detainees receive legal visits, as provided in the "Visitation" standard.</li> <li>Legal service providers are notified of security concerns arising before a visit.</li> </ul>	$\boxtimes$			
Visits from clergy are allowed.  The clergy member is given the option of visiting/not visiting the segregated detainee.  Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.	$\boxtimes$			

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COMPONENTS	YES	No	NA	REMARKS
<ul> <li>SMU detainees have law library access.</li> <li>Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing.</li> <li>Legal material brought to individuals in the SMU on a case-by-case basis.</li> <li>Staff documents every incident of denied access to the law library.</li> </ul>	$\boxtimes$			Detainees in the SMU may request legal material from the law library and have it delivered to them.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	$\boxtimes$			Detainee-related activities are documented in the officer's logbook
The SPCs, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU.  • All I-888s are filled out by the end of each shift.  • The CDF/IGSA facility use Form.  • I-888 (or equivalent local form).		$\boxtimes$		The section of the component that requires staff to prepare the Special Management Housing Unit Record (I-888 or equivalent) as soon as the detainee is placed in the SMU and that completion of the form is by the end of each shift is specific to SPCs and CDFs. The facility uses neither the I-888 Form, nor an equivalent local form.
<ul> <li>SMU staff record whether the detainee ate, showered, exercised, took medication, etc.</li> <li>Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc.</li> <li>The health care official sign individual records after each visit.</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> <li>A new record is created weekly for each detainee in the SMU.</li> <li>The SMU retains these records until the detainee leaves the SMU.</li> </ul>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility does not record activities for individual detainees.
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

#### REMARKS:

Although there are several non-compliant components, the facility is overall compliant with the standard.

## TOOL CONTROL

POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.

COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The maintenance supervisor is responsible for developing a tool control procedure and inspection system to ensure accountability.
Department heads are responsible for implementing this standard in their departments.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Department heads in the maintenance and food service areas are responsible for implementing tool control procedures in their departments.
Tool inventories are required for the:  • Maintenance Department;  • Medial Department;  • Food Service Department;  • Electronics Shop;  • Recreation Department; and  • Armory.	$\boxtimes$			Tool inventories are required for the maintenance, medical and food service departments. No other areas in the facility have been assigned tools.
<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>	$\boxtimes$			
The facility has a tool classification system. Tools are classified according to:  Restricted (dangerous/hazardous); and Non-Restricted (non-hazardous).	$\boxtimes$			The section of the component that requires tools to be classified as restricted and non-restricted is specific to SPCs and CDFs. All tools are classified as restricted.
Department heads are responsible for implementing tool-control procedures.			$\boxtimes$	This component is only applicable for SPCs and CDFs; however, the department heads in the maintenance and food service departments are responsible for implementing tool control procedures within their areas.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.		$\boxtimes$		At the time of the inspection, two knives in food service were found to not be marked with any identification. During the review, the knives were marked and then placed into service by the maintenance supervisor.
<ul> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice.</li> </ul>	$\boxtimes$			Tools are securely stored, and a master inventory and location inventories are maintained. A shadow board was used in the food service department.
Each facility has procedures for the issuance of tools to staff and detainees.	$\boxtimes$			
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include:  • Verbal and written notification;  • Procedures for detainee access; and  • Necessary documentation/review for all incidents of lost tools.	$\boxtimes$			The facility has procedures for the verbal and written notification of lost tools, including a review of any incident. Policy addresses detainee access to all tools, to include lawn mowers and weed trimmers.

TOOL CONTROL				
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY.  THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.				
COMPONENTS	YES	No	NA	REMARKS
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	$\boxtimes$			The maintenance supervisor is responsible for disposing of tools in a secure manner. During the inspection he removed some tools from the facility for disposal.
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.	$\boxtimes$			A "Vendor Tool List" form is used to document all tools entering and exiting the facility.
	AT-RISK		ISK	REPEAT FINDING
P				

#### REMARKS:

Although there were a couple non-compliant components, the facility was found to be overall compliant with this standard.

## TRANSPORTATION (LAND TRANSPORTATION)

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS. THE GENERAL PUBLIC. AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS

HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEI		THE SU	JPERVISI	ON OF EXPERIENCED AND TRAINED DETENTION
STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTA CONTROL OF THE DETAINEE CASE.		HANDLI	ED ONLY	BY THE ICE FIELD OFFICE OR SUB-OFFICE IN
COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	$\boxtimes$			Internal Affairs has a copy of each staff member's driver's license and conducts random checks for violations.
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.				The facility does not transport by bus. The only facility transports are by car for medical appointments and court appearances.
Supervisors maintain records for each vehicle operator.	$\boxtimes$			
Officers use a checklist during every vehicle inspection.  Officers report deficiencies affecting operability; and  Deficiencies are corrected before the vehicle goes back into service.	$\boxtimes$			The facility has a comprehensive vehicle inspection checklist. Vehicles with reported deficiencies which affect their operability are removed from service until repairs are completed.
<ul> <li>Transporting officers:</li> <li>Limit driving time to 10 hours in any 15 hour period;</li> <li>Drive only after eight consecutive off-duty hours;</li> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours;</li> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days;</li> <li>During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area—exceeding the 10-hour limit.</li> </ul>	$\boxtimes$			All transports are local.
officers with valid CDLs required in any bus transporting detainees.  • When buses travel in tandem with detainees, there are (b)(7)(equalified officers per vehicle.  • An unaccompanied driver may transport an empty vehicle.			$\boxtimes$	The facility does not transport by bus.
Before the start of each detail, the vehicle is thoroughly searched.	$\boxtimes$			Policy CUS.005 specifically requires a search of a vehicle before transporting a detainee.
Positive identification of all detainees being transported is confirmed.	$\boxtimes$			
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	$\boxtimes$			
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.	$\boxtimes$			
(b)(7)(e)			$\boxtimes$	This component is only applicable for SPCs and CDFs. (b)(7)(e)
The vehicle crew conducts a visual count once all passengers are on board and seated.  • Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.	$\boxtimes$			Count is conducted at the beginning and conclusion of a transport. During any scheduled or unscheduled stops an officer must remain with the detainee at all times.
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	$\boxtimes$			Policy CUS.005 specifically addresses the use of restraints during transport.

# TRANSPORTATION (LAND TRANSPORTATION)

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL. 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 YES No NA REMARKS Officers ensure that no one contacts the detainees. (b)(7)(e)officer remains in the vehicle at all times when  $\times$ detainees are present. Meals are provided during long distance transfers. The facility does not conduct long distance  $\times$ The meals meet the minimum dietary standards, as transfers. identified by dieticians utilized by ICE. The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and The facility does not conduct long distance  $\times$ resolves questions, concerns, or discrepancies with the transfers. Food Service representative: latrines. drinking-water Basins. and containers/dispensers are cleaned and sanitized on a fixed schedule. Vehicles have: The requirement for vehicles to have X (b)(7)(e)(b)(7)(e)The vehicles are clean and sanitary at all times. X Vehicles are cleaned weekly or as needed. Personal property of a detainee transferring to another facility is: The facility handles local transports. If an Inventoried: ICE detainee were to be transferred to  $\times$ Inspected; and another facility, the transport and property issues would be handled by ICE. Accompanies the detainee. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death The Transportation Policy, CUS.005, is  $\boxtimes$ Vehicle fire comprehensive. Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list includes women or minors

#### REMARKS:

The facility is in compliance with this standard.

**ACCEPTABLE** 

(b)(6), (b)(7)(c) / January 6, 2011 AUDITOR'S SIGNATURE / DATE AT-RISK

DEFICIENT

REPEAT FINDING

## USE OF FORCE

POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:

COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use- of-force situation without a supervisor's presence or direction.	$\boxtimes$			Policy CUS.001, Use of Force (UOF), authorizes staff to respond in an immediate UOF situation without a supervisor's presence or direction.
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, officers must try to resolve the situation without resorting to force.	$\boxtimes$			
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	$\boxtimes$			
The facility subscribes to the prescribed Confrontation Avoidance Procedures.  • Ranking detention official, health professional, and others confer before every calculated use of force.	$\boxtimes$			De-escalation and confrontation avoidance instruction is provided to staff at the academy, as well as during in-service training.  (b)(7)(e)
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique.  • Under staff supervision.	$\boxtimes$			The (b)(7)(e) uses a team technique consisting of no more than (b)(7)(e) members to affect a calculated UOF, all of which is under staff supervision.
Staff members are trained in the performance of the Use-of-Force Team Technique.	$\boxtimes$			(b)(7)(e) members are trained in the facility's UOF team technique.
All use-of-force incidents are documented and reviewed.	$\boxtimes$			The review team for UOF incidents is comprised of the Shift Supervisor, Unit Manager, and an Internal Affairs Officer.
Do not use force as punishment;     Attempt to gain the detainee's voluntary cooperation before resorting to force;     Use only as much force as necessary to control the detainee; and     Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.  Medication may only be used for restraint purposes when	$\boxtimes$			The facility does not use medication for
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	$\boxtimes$			The facility does not use medication for restraint purposes.
(b)(7)(e) written procedures that attempt to prevent injury and exposure to communicable disease(s).	$\boxtimes$			The calculated UOF curriculum addresses the prevention of injury and exposure to communicable diseases.

#### USE OF FORCE

POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO ADDEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE.

COMPONENTS	YES	No	NA	REMARKS
Standard procedures associated with using four-point restraints				
include:				
<ul> <li>Soft restraints (e.g., vinyl);</li> </ul>				
<ul> <li>Dressing the detainee appropriately for the</li> </ul>				
temperature;				
<ul> <li>A bed, mattress, and blanket/sheet;</li> </ul>				Policy CUS.003 (Use of Restraints), as well
<ul> <li>Checking the detainee at least every 15 minutes;</li> </ul>				as Medical Procedure J-I-01 (Restraint and
Logging each check;	$\boxtimes$			Seclusion), address procedures associated
Turning the bed-restrained detainee often enough				with using (b)(7)(e)
to prevent soreness or stiffness;				(5)(1)(0)
Medical evaluation of the restrained detainee twice				
per eight hour shift; and				
When qualified medical staff is not immediately				
available, staff position the detainee "face-up".				
The shift supervisor monitors the detainee's position/condition				
every two hours.				
He/she allows the detainee to use the rest room at				
these times under safeguards.	$\boxtimes$			(b)(7)(e)
All detainee checks are logged.				Checks of a detainee (b)(7)(e)
All detainee checks are logged.	$\boxtimes$			Checks of a detainee (b)(7)(e) would be documented in a log designated for
				that purpose.
In immediate-use-of-force situations, staff contacts medical staff				um purpose.
once the detainee is under control.	$\boxtimes$			
When the OIC authorizes use of non-lethal weapons:				
Medical staff is consulted before staff use pepper				
spray/non-lethal weapons.	$\boxtimes$			(b)(7)(E)
Medical staff reviews the detainee's medical file	<u>~</u>			
before use of a non-lethal weapon is authorized.				
Special precautions are taken when restraining pregnant				
detainees.	$\boxtimes$			
Medical personnel are consulted				
Protective gear is worn when restraining detainees with open				
cuts or wounds.	$\boxtimes$			
Staff documents every use of force and/or non-routine	$\square$			Every UOF, including the application of
application of restraints.	$\boxtimes$			restraints, is documented on a local form.
It is standard practice to review any use of force and the non-	$\boxtimes$			
routine application of restraints.				
All officers receive training in self-defense, confrontation-				The academy curriculum for all security staff
avoidance techniques and the use of force to control detainees.				includes self-defense/confrontation avoidance
Specialized training is given and Officers are	$\boxtimes$		∐ ,	and the UOF. $(b)(7)(E)$
certified in all devices they use.				(b)(7)(E)
T one i d II on a little in a			$\mid$	
In SPCs, is the Use of Force form is used? In other facilities				The requirement to use the "Use of Force
(IGSAs / CDFs) is this form or its equivalent used?	$\boxtimes$			form" is specific to SPCs. The facility uses
				an equivalent form.
□ ACCEPTABLE     □ DEFICIENT		AT-R	ISK	REPEAT FINDING
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## **REMARKS:**

(b)(7)(E)

Although staff has been trained in its use, and advised it has not been deployed on any ICE detainee, the policy does not prohibit such

A review of policy and forms, as well as the training curricula, revealed the facility is in compliance with this standard.

(b)(6), (b)(7)(c) / January 6, 2011 **AUDITOR'S SIGNATURE / DATE** 

## STAFF DETAINEE COMMUNICATIONS

POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	IES			The section of this component that requires weekly announced and unannounced visits is specific to SPCs and CDFs. The facility has an assigned ICE officer assigned to the facility and daily unit tours are made and documented by the on-site ICE officer.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	$\boxtimes$			
Scheduled visits are posted in ICE detainee areas.		$\boxtimes$		During this review, scheduled visits were not posted in ICE detainee areas. On-site ICE staff visit and document housing unit visits on a daily basis.
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	$\boxtimes$			A climate and conditions report is used and kept on file.
ICE information request Forms are available at the IGSA for use by ICE detainees.	$\boxtimes$			During this review, ICE information request forms were available for use by ICE detainees.
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	$\boxtimes$			A drop box (locked) is within each housing unit and checked daily by on-site ICE staff.
ICE staff responds to a detainee request from an IGSA within 72 hours.	$\boxtimes$			
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	$\boxtimes$			Page 11 of the detainee handbook provides notification to detainees as required by this component.
<b>△</b> ACCEPTABLE  □ DEFICIENT		AT-R	isk	REPEAT FINDING

## REMARKS:

Based on an inspection of detainee living units, ICE staff interviews, and log inspections, it was determined the facility is in compliance with this standard.

(b)(6), (b)(7)(c) / January 6, 2011 AUDITOR'S SIGNATURE / DATE

#### DETAINEE TRANSFER STANDARD

POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE

TAKING TLACE.				_	
COMPONENTS	YES	No	NA	REMARKS	
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.  • The notification is recorded in the detainee's file; and • When the A File is not available, notification is noted within DACS	$\boxtimes$			If an ICE detainee is represented by legal counsel/legal representative and a G-28 has been filed the Deportation Officer notifies the representative of record.	
Notification includes the reason for the transfer and the location of the new facility.	$\boxtimes$				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	$\boxtimes$				
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	$\boxtimes$				
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; and             The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.	×			The facility does have policy to address the requirements of this component. In addition, facility practice is to: notify the detainee at the last moment; provide a security staff escort while the detainee packs their property; and then be transferred.	
The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			ICE staff indicated the ICE detainee is provided with a completed Detainee Transfer Notification Form.	
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	$\boxtimes$			ICE staff indicated both the I-203 and G-391 Forms are used to authorize a detainee's removal from the facility.	
For medical transfers:  • The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer;  • Medical transfers are coordinated through the local ICE office; and  • A medical transfer summary is completed and accompanies the detainee.	$\boxtimes$				
Detainees in ICE facilities having DIHS staff and medical care 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.	$\boxtimes$			A 553 Form is completed by the facility medical director which contains all requirements of this component.	
For medical transfers, transporting officers receive instructions regarding medical issues.	$\boxtimes$				
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	$\boxtimes$			On-site ICE and facility staff ensures detainee funds, valuables, and property are returned and transferred with the detainee to their new location.	
Transfer and documentary procedures outlined in Section C and D are followed.	$\boxtimes$				
Meals are provided when transfers occur during normally schedule meal times.	$\boxtimes$				
FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)  Page 79 of 80  ICE 2012FOIA03030.020259					

DETAINEE TRA	ANSFE	R STAI	NDARD	
POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHE SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAITORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF TAKING PLACE.	ICE WII THER TH TAINEE'S	LL ADHE E DETAI S STAGE V	ERE TO J NEE IS RE WITHIN T	PATS PROTOCOLS. IN DECIDING WHETHER TO EPRESENTED BEFORE THE IMMIGRATION COURT. IN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S
COMPONENTS	YES	No	NA	REMARKS
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	$\boxtimes$			The A-file either personally accompanies the detainee or will be forwarded via overnight mail the following day.
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	$\boxtimes$			
		AT-R	ISK	REPEAT FINDING
REMARKS:  Based upon a review of available policy and procedure the facili	tv was f	ound to	be in co	ompliance with this standard.

(b)(6), (b)(7)(c) / January 6, 2011 AUDITOR'S SIGNATURE / DATE

	_					
A. Type of Facility Reviewed		Estimated Man-d	lays Per Year	:		
ICE Service Processi		150,086				
ICE Contract Detent						
	tal Service Agreement	G. Accreditatio				
		List all State or N	National Accr	editation[s] rec	eived	1:
B. Current Inspection		N/A				
Type of Inspection		Check box if	f facility has r	o accreditation	[s]	
☐ Field Office ☐ HQ Inspe	ction					
Date[s] of Facility Review		H. Problems / C				
January 4-6, 2011		The Facility is un	nder Court Or	der or Class A	ction	Finding
		Court Order		Class Action C		
C. Previous/Most Recent Fa	cility Review	The Facility has	Significant Li	itigation Pendir	ıg	
Date[s] of Last Facility Review		☐ Major Litigat		Life/Safety Iss	ues	
January 5-7, 2010		Check if No	ne.			
Previous Rating						
☐ Superior ☐ Good ☒ Acc	eptable 🗌 Deficient 🗌 At-Risk	I. Facility His	tory			
		Date Built				
D. Name and Location of Fa	cility	1989				
Name		Date Last Remod	deled or Upgi	aded		
Hudson County Jail		2009				
Address (Street and Name)		Date New Const	ruction / Bed	space Added		
35 Hackensack Avenue		2006 / 512 beds		-		
City, State and Zip Code		Future Construct				
Kearney, New Jersey 07032 County		☐ Yes ⊠ No	Date:			
Hudson		Current Bed space		Bed space (# ]	New 1	Beds only)
Name and Title of Chief Executive	Officer (Warden/OIC/Supt.)	2,010	<b>I</b>	er: N/A Date:		• •
(b)(6) (b)(7)(c) <b>Director</b>	Officer (Warden Ofersupt.)	,	•			
Telephone # (Include Area Code)		J. Total Facili	ty Population	n		
<b>201-395</b> (b)(6) (b)(7)(c)		Total Facility Int				
Field Office / Sub-Office (List Off	ice with oversight responsibilities)	17,173				
Newark, New Jersey		Total ICE Man-d	lays for Previ	ous 12 months		
Distance from Field Office		52,064	•			
10 miles		,				
•		K. Classification	on Level (IC	E SPCs and C	DFs	Only)
E. ICE Information			L-			L-3
Name of LCI (Last Name, Title	e and Duty Station)	Adult Male	N/			N/A
(b)(6) (b)(7)( <b>b</b> )CI / MGT of America	1	Adult Female	N/	A N/A		N/A
Name of Team Member / Title	/ Duty Location		N/.	A N/A		N/A
b)(6) (b)(7)(c)CI-Security / MGT	-					
Name of Team Member / Title	/ Duty Location	L. Facility Cap	acity			
(b)(6) (b)(7)(cCI-Medical Care / I	MGT	2. 2	Rated	Operational	T <sub>F</sub>	Emergency
Name of Team Member / Title		Adult Male	1908	1908	+	1908
(b)(6) (b)(7)(c)CI-Food Service / M	GT	Adult Female	212	212	+	212
Name of Team Member / Title	/ Duty Location			enders 16 and o	lder a	
(b)(6) (b)(7)(cCI-Environmental H	lealth and Safety / MGT					
471-71-71-71	<u> </u>	M. Average Da	ily Populatio	n		
F. CDF/IGSA Information O	nly		IC		S	Other
Contract Number	Date of Contract or IGSA	Adult Male	32		_	1456
1997344480000	March 23, 2010	Adult Female	64		$\dashv$	98
Basic Rates per Man-Day	-	1 ISSUE I CITICIO	1 0-	10		,,,
\$110		N. Facility Sta	ffing I Aval			
Other Charges: (If None, Indic	ate N/A)	Security:	THE LEVEL	Support:		
\$35 per hour / Transportation			)(7)(e)	Support.		
955 per nour / Fransportation						

#### SIGNIFICANT INCIDENT SUMMARY WORKSHEET

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	25-P	26-P	20-P	8-P
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	25	26	20	8
Assault:	Types (Sexual Physical, etc.)	2-P	1-P	1-P	1-P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	2	1	1	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		2	1	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		3	0	1	1
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)	1-M	3-M	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	В	В	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	45	68	57	52
	# Resolved in favor of Offender/Detainee	5	13	9	11
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	s	I	I
	Number	0	1	2	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	5	14	16	22
	# Psychiatric Cases referred for Outside Care	1	1	0	0

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

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

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

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

# DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

1. Ac	ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable					
	inee Services	1.	2.	3.	4.	5.
1.	Access to Legal Materials		Ϊ́	<u>.                                    </u>	Ϊ́	
2.	Admission and Release	X	H	H	H	
3.	Classification System	X	Ħ	Ħ	Ħ	
4.	Correspondence and Other Mail	X	Ħ	Ħ	Ħ	
5.	Detainee Handbook		ΙĦ	ΙĦ	lΠ	
6.	Food Service			一	Ħ	
7.	Funds and Personal Property	$\overline{\boxtimes}$				
8.	Detainee Grievance Procedures	$\boxtimes$				
9.	Group Presentation On Legal Rights	$\overline{\boxtimes}$				
10.	Issuance of Clothing, Bedding and Towels	$\boxtimes$				
11.	Marriage Requests	$\boxtimes$				
12.	Non-Medical Emergency Escorted Trips					$\boxtimes$
13.	Recreation	$\boxtimes$				
14.	Religious Practices	$\boxtimes$				
15.	Access to Telephones	$\boxtimes$				
16.	Visitation	$\boxtimes$				
17.	Voluntary Work Program	$\boxtimes$				
Healt	th Services					
18.	Hunger Strikes	$\boxtimes$				
19.	Access to Medical Care	$\boxtimes$				
20.	Suicide Prevention and Intervention	$\boxtimes$				
21.	Terminal Illness, Advanced Directives and Death	$\boxtimes$				
	rity and Control					
22.	Contraband	$\boxtimes$				
23.	Detention Files	$\boxtimes$				
24.	Disciplinary Policy	$\boxtimes$				
25.	Emergency Plans	$\boxtimes$				
26.	Environmental Health and Safety	$\boxtimes$				
27.	Hold Rooms in Detention Facilities	$\boxtimes$				
28.	Key and Lock Control				$\boxtimes$	
29.	Population Counts	$\boxtimes$				
30.	Post Orders	$\boxtimes$				
31.	Security Inspections	$\boxtimes$				
32.	Special Management Units (Administrative Segregation)	$\boxtimes$				
33.	Special Management Units (Disciplinary Segregation)	$\boxtimes$				
34.	Tool Control	$\boxtimes$				
35.	Transportation (Land Transportation)	$\boxtimes$				
36.	Use of Force					
37.	Staff / Detainee Communication (Added August 2003)					
38.	Detainee Transfer (Added September 2004)	$\boxtimes$				

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

#### LCI REVIEW ASSURANCE STATEMENT

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

	LEAD COMPL	IANCE INSPECT	OR
Lead Compliance Inspector: (Print Name)		Signature	
(b)(6), (b)(7)(c)			
Title & Duty Location		Date	
LCI, MGT		January 8, 201	1
	ТЕАМ	MEMBERS	
Print Name, Title, & Duty Location		Print Name, Title, &	2 Duty Location
(b)(6), (b)(7)(c) <b>CI-Security, MGT</b>		(b)(6), (b)(7)(c)	CI-Medical Care, MGT
Print Name, Title, & Duty Location		Print Name, Title, &	t Duty Location
(b)(6) (b)(7)(c) CI-Food Service, MGT		(b)(6) (b)(7)(c)	CI-Environmental Health and Safety, MGT
			•
Recommended Rating:	Superior		
	☐ Good		
	<b>Acceptable</b>		
	Deficient		
	At-Risk		

### **Comments:**

The facility reported three non-ICE detainee deaths. The facility, following discussion with Hudson County legal staff, would only provide the following brief synopsis of each:

- A 30-year old female non-ICE detainee, while at the East Orange General Hospital on 09-08-10, was pronounced dead as the
  result of a "Ruptured Berry Aneurysm." She had been received at the facility with no medical history. She suffered the
  ruptured aneurysm, was transported to the hospital and expired immediately thereafter.
- A 49-year old male non-ICE detainee was sent to the emergency room of the East Orange General Hospital on 10-04-10, with
  epistaxis 9/26 severe liver disease 2, due to alcohol use. He had suffered a ruptured pulmonary vessel, and was transported to
  the hospital where he expired due to liver failure.
- A non-ICE detainee was sent to the East Orange General Hospital on 10-14-10 with r/o sepsis, r/o acute renal failure, and r/o
  aspiration pneumonia. Additional information provided during the inspection indicated this was a male, age unknown, who
  was transferred to the hospital where he stayed for approximately two weeks before expiring due to acute renal failure.

Initially, the facility reported no suicides. However, during the inspection it was determined that a non-ICE detainee suicide did occur. The only information made available by the facility was "a non-ICE detainee on 04-03-10 committed suicide by hanging."

The facility received media attention on 10-16-10 for experiencing a bed bug infestation. Facility staff indicated this was confined to a few cells within intake and the infected area was subsequently treated. During this inspection, it was determined the facility initiated an emergency contract with Premier Pest Control who provided consecutive treatments with "Bedlary" to eradicate the infestation.

During the previous year's inspection the facility was cited for a breach of security within the armory. During this inspection, the armory was inspected by team members and found there were no weapons left unsecured.

A report dated 03-22-10 indicated ICE detainees threatened a hunger strike over the high cost of phone calls, poor health care, a desire to have kosher and hala food, and not being allowed weekend visitation. On-site ICE staff indicated that on 02-22-10, after transferring ICE detainees from New York to the HCJ, the ICE detainees protested the change of housing and the higher cost of telephone calls. ICE and facility staff reported the issue was resolved by ICE providing free telephone calls to all ICE detainees, and a subsequent renegotiation of the telephone provider contract which reduced the charged rate per call for ICE detainees.

There is a policy in place addressing its use and (b)(7)(E)staff has been trained. It has not been deployed on any ICE detainees. The policy does not prohibit such use on ICE detainees.

Office of Enforcement and Removal Operations

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



APR 29 2011

MEMORANDUM FOR:

Christopher Shanahan Field Office Director

New York City Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

Hudson County Jail Annual Review

The annual review of the Hudson County Jail conducted during January 4-6, 2011, in Kearney, New Jersey has been received. A final rating of <u>Acceptable</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):

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before January 6, 2012.

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

cc:	Official File
	(b)(6) (b)(7)(c)