N/A

A. Type of Facility Reviewe	<u>d</u>	Estimated Man-c	lays Per Year	:				
☐ ICE Service Processi	ng Center	6,882						
☐ ICE Contract Detent	ion Facility							
☐ ICE Intergovernmen	ntal Service Agreement	G. Accreditatio	n Certificate	es				
		List all State or N	National Accre	editation[s] recei	ved:			
B. Current Inspection								
Type of Inspection		Check box if	facility has n	o accreditation[s	;]			
Field Office HQ Inspe	ection			L.				
Date[s] of Facility Review		H. Problems / C	Complaints (Copies must be	attached)			
March 15-17, 2011		The Facility is un						
		Court Order		Class Action Or	•			
C. Previous/Most Recent Fa	cility Review	The Facility has	_					
Date[s] of Last Facility Review	emey Hevrew	Major Litigat		Life/Safety Issue				
April 6-8, 2010		Check if No		Life/Safety 1880	<i>-</i> 5			
Previous Rating		△ Check ii Noi	ile.					
	eptable Deficient At-Risk	T Footlide: III.a	4					
	openere Demorant 130 14351	I. Facility His	tory					
D. Name and Location of Fa	acility	Date Built						
Name	lemty	March 1995						
Karnes County Correctional Co	enter	Date Last Remod	deled or Upgr	aded				
Address (Street and Name)	,,1001	December 2009						
800 Commerce Street		Date New Const	ruction / Bed	space Added				
City, State and Zip Code								
Karnes City, Texas 78118		Future Construct						
County		☐ Yes ⊠ No						
Karnes		Current Bed space		Bed space (# No	ew Beds only)			
	e Officer (Warden/OIC/Supt.)	579	Numb	er: N/A Date:				
(b)(6), (b)(7)c Warden	• •							
Telephone # (Include Area Code)		J. Total Facili						
830-7 %)(6), (b)(7)c		Total Facility Int	ake for previo	ous 12 months				
Field Office / Sub-Office (List Off	ice with oversight responsibilities)	672 (ICE detaine						
San Antonio		Total ICE Man-d	lays for Previo	ous 12 months				
Distance from Field Office		6,882						
60 miles								
		K. Classification	on Level (IC	E SPCs and CD	Fs Only)			
E. ICE Information			L-	1 L-2	L-3			
Name of LCI (Last Name, Title		Adult Male						
o)(6), (b)(7) £ CI / MGT of America	a	Adult Female						
Name of Team Member / Title	/ Duty Location							
)(6), (b)(7) CI-Medical / MGT of	America		I					
Name of Team Member / Title	/ Duty Location	L. Facility Cap	acity					
)(6), (b)(7)¢CI-Security / MGT of	America	L. Tucinty Cup	Rated	Operational	Emergency			
Name of Team Member / Title		Adult Male	579	579	579			
6), (b)(7)CI-Safety and Food Serv		Adult Female	319	319	319			
Name of Team Member / Title			T	1 16 1 .11	A J. 14			
/ /	, Buty Education	Facility noids	Juveniles Offe	enders 16 and old	er as Aduits			
· · · · · · · · · · · · · · · · · · ·		M A	de Dan-l-d'					
F. CDF/IGSA Information C	Inly	M. Average Da			0.0			
Contract Number	Date of Contract or IGSA	A 1 1, 3 5 1	ICI		Other			
80-98-0024	2/27/98	Adult Male	18		N/A			
Basic Rates per Man-Day	2,21170	Adult Female	0	0	0			
\$52.00		N. W. A.A						
Other Charges: (If None, Indic	eata N/A)	N. Facility Sta	ffing Level	Т				
Onlei Charges. (II None, Indic	ale IV/A)	Security:		Support:				

(b)(7)e

(b)(7)e

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	P	0	0	0
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	1	0	0	0
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		1	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		1	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
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	0	3	6	4
	# Resolved in favor of Offender/Detainee	0	1	2	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	0	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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.

	ICE Detention Standards Review Summary Report					
	eptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable nee Services	1.	2.	3.	4.	5.
1.	Access to Legal Materials	<u>I.</u>	<i>4.</i>			J.
2.	Admission and Release		H	\dashv	\overline{H}	
3.	Classification System		H	Ħ	Ħ	
4.	Correspondence and Other Mail		H	一	H	
5.	Detainee Handbook			ΠI	П	
6.	Food Service	\boxtimes				
7.	Funds and Personal Property					
8.	Detainee Grievance Procedures					
9.	Group Presentation On Legal Rights	\boxtimes				
10.	Issuance of Clothing, Bedding and Towels	\boxtimes				
11.	Marriage Requests	\boxtimes				
12.	Non-Medical Emergency Escorted Trips					
13.	Recreation	\boxtimes				
14.	Religious Practices	\boxtimes				
15.	Access to Telephones	\boxtimes				
16.	Visitation	\boxtimes				
17.	Voluntary Work Program	\boxtimes				
Healtl	n 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				
Securi	ity and Control					
22.	Contraband	\boxtimes				
23.	Detention Files	\boxtimes				
24.	Disciplinary Policy	\boxtimes				
25.	Emergency Plans	\boxtimes				
26.	Environmental Health and Safety					
27.	Hold Rooms in Detention Facilities					
28.	Key and Lock Control			Ш		
29.	Population Counts		Щ		<u> </u>	
30.	Post Orders		Щ	<u> </u>	<u> </u>	
31.	Security Inspections		Щ	<u> </u>	<u> </u>	
32.	Special Management Units (Administrative Segregation)		\sqcup	<u> </u>	<u> </u>	
33.	Special Management Units (Disciplinary Segregation)		\sqcup	<u> </u>	<u> </u>	
34.	Tool Control		\sqcup	<u> </u>	<u> </u>	
35.	Transportation (Land Transportation)		牌	ᆜ	<u> </u>	
36.	Use of Force		닏	ᆜ	<u> </u>	
37.	Staff / Detainee Communication (Added August 2003)		닏	ᆜ	<u> </u>	
38.	Detainee Transfer (Added September 2004)	\boxtimes				

 ${\bf All\ findings\ (Deficient\ and\ At\text{-}Risk)\ require\ written\ comment\ describing\ the\ finding\ and\ what\ is\ necessary\ to\ meet\ compliance.}$

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.

deficiencies noted in the report.							
LEAD COMPLIANCE INSPECTOR							
Lead Compliance Inspector: (Print Name)	Signature						
(b)(6), (b)(7)c							
Title & Duty Location	Date						
LCI, MGT of America	March 17, 2011						
	MEMBERS						
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location						
(b)(6), (b)(7)c CI-Medical, MGT of America	(b)(6), (b)(7)c CI-Security, MGT of America						
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location						
CI-Environmental Health and Safety & Food Service,							
MGT of America							
Recommended Rating: ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk							
Comments:							
The Karnes County Correctional Center is a 600-bed indirect sup	pervision facility built primarily to house "jail" inmates.						
There were no serious incidents, deaths, suicides, or escapes reported during the past twelve months.							
There was only one use of force incident reported during the past year and the documentation involving the incident was reviewed for policy compliance. The incident involved the cell extraction of a United States Marshals Service inmate in October 2010. The Use of Force Team Technique was utilized during the incident and medical and supervisory staff's response was appropriate and the review indicated all staff involved had a proper understanding of the Use of Force standard.							
The facility does not us (b)(7)e							

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



MAY 18 2011

MEMORANDUM FOR:

Michael J. Pitts

Field Office Director

San Antonio Field Office

FROM:

Tae D. Johnson

Assistant Director for Detention Management

SUBJECT:

Karnes County Correctional Center Annual Review

The annual review of the Karnes County Correctional Center conducted on March 15-17, 2011, in Karnes City, Texas, 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 March 15, 2012.

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

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

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

cc: Official File ICE:HQERO (b)(6), (b)(7)c :5/02/2011 (b)(7)e

HEADQUAR	RTERS EXECUTIVE REVIEW	
Review Author	rity	
The signature be receipt of this r	elow constitutes review of this report and accoreport to respond to all findings and recom	eptance by the Review Authority. OIC/CEO will have 30 days from mendations.
HQDRO EXECUT	TIVE REVIEW: (Please Print Name)	Signature M
Title	ctor for Detention Management	Date 5/18/11
Final Rating:	☐ Superior ☐ Good ☑ Acceptable ☐ Deficient ☐ At-Risk ☐ No Rating	
Comments:	The Review Authority concurs with the rec Center. No further action is required and th	ommended rating of "Acceptable" for the Karnes County Correctional is review is closed.

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
Karnes County Correctional Center
Address (Street and Name)
810 Commerce Street
City, State and Zip Code
Karnes City, Texas 78118
County
Karnes
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)c Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c LCI, MGT of America
Date[s] of Review
From 3/15/11 to 3/17/11
Type of Review
□ Headquarters □ Operational

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DETAINEE GRIEVANCE PROCEDURES
GROUP PRESENTATIONS ON LEGAL RIGHTS
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS
MARRIAGE REQUESTS
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STAFF/DETAINEE COMMUNICATIONS
DETAINEE TRANSFER STANDARD

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, <u>INCLUDING</u> 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 law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.				In place of the hard copy materials required, the facility uses LexisNexis to provide ICE detainees access to legal materials.	
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	\boxtimes			The library is well lit, furnished appropriately, and reasonably quiet.	
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	\boxtimes			A computer, printer, and supplies are readily available.	
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.				In lieu of the hard copy materials required, the facility uses LexisNexis to provide access to ICE legal materials.	
Where provided, the Lexus Nexus library is updated and is current.				The BICE Law Library, 9020 Release 38 1/11, and the ICE Case Law, 958 Release 80 1/11, were installed.	
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.				The law librarian indicated that any materials submitted would require the approval of the warden and ICE staff.	
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	\boxtimes			The law librarian has this responsibility.	
Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in <u>lieu of library usage</u> . Detainees facing a court deadline are given priority use of the law library.				The facility's policy and the schedule posted indicate that a detainee would have at least five hours per week. Additional time will be made available upon request.	
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.				Requests would be forwarded to ICE for approval before acquisition.	
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.					
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.				Bi-lingual staff, other detainees, and a "language line" are available if needed.	
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.				Staff indicated that materials can be obtained from storage as needed.	
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.				Detainees in segregation can use the law library upon request (in the evening and with security considerations). No detainees have been denied access.	
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.				The warden indicated that ICE would be notified should any restrictions be required.	
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

The facility has written policy 200.09 Law Library/Recreation Library governing access to law library services.

A tour of the law library revealed the area was appropriately equipped, clean, well-lit and reasonably private. The library is equipped with current LexisNexis software for use by detainees.

On interview, the law library officer confirmed the practices mirrored the written facility policy and supports the facility's compliance with this standard.

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

arch 17, 2011

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 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.				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's detainee handbook includes all information contained in the non-applicable portion of the standard. In addition to the handbook issued, an orientation video is played during intake processing.
Medical screenings are performed by medical staff or persons who have received specialized training for the purpose of conducting an initial health screening.				Trained intake staff performs an initial screening with a follow-up screening conducted by medical staff.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				The facility uses a classification system that mirrors the ICE system and is based on the information provided by ICE on the I-213.
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.				Searches are properly performed at intake.
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.				Facility policy 200.19, Searches of Detainees and Facility, describes an acceptable process to determine if a strip search is required and includes procedures for conducting a strip search. Intake staff was knowledgeable of the procedures.
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.				Policies 200.11, Offender Personal Property, and 300.01, Searches for Contraband, meet this component's requirements. Detainees receive a copy of the inventory
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.				The facility uses a local form and process to resolve property issue.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	\boxtimes			Initial hygiene packs are issued at intake and additional supplies are distributed in the unit. This facility only holds male detainees.
All releases are properly coordinated with ICE using a Form I-203.			\boxtimes	This component is only applicable for SPCs and CDFs. The facility uses the I-203 or I-216 provided by ICE.

ADMISSIO	N AND	RELEA	ASE					
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 BELONGIN	NGS, WHI	ICH WILL	BE INVE	ENTORIED, DOCUMENTED, AND SAFEGUARDED AS				
NECESSARY.								
COMPONENTS	YES	No	NA	REMARKS				
Staff completes paperwork/forms for release as required.	\boxtimes							
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING				

During the inspection, intake staff were observed processing detainees into the facility. Afterwards, interviews with intake staff and a review of the facility policy confirmed compliance.

The facility has an intake process addressing the requirements of the standard. Each detainee received is properly evaluated and oriented to the facility.

Each detainee is issued basic hygiene items, appropriate clothing and a detainee handbook. Their property is inventoried and managed in accordance with facility policy that complies with this standard.

Detainee classification is accomplished using documentation provided by ICE on the I-213.

Releases are processed and coordinated with ICE using forms I-203 or I-216.

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

March 17, 2011

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 IGSAs, an Objective Classification System or similar is used.				Facility policy 300.02, Offender Intake and Classification Procedures, describes an objective system that mirrors the ICE system.
 The facility classification system includes: Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision. 				A review of 10 closed files revealed that all were classified appropriately.
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				The facility uses the information provided by ICE on the I-213 and any additional information provided on the I-831.
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				An interview with the classification officer indicated only information provided by ICE is used to classify a detainee.
Housing assignments are based on classification-level.				The facility has adopted the ICE standard for housing assignments.
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.				
Detainee work assignments are based upon classification designations.				
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	\boxtimes			A reclassification is conducted in 60 days for ICE detainees and a reassessment may be requested at any time.
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			The portion of this component that states that a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal is specific to SPCs and CDFs. An I-60 (Request Form) can be used to appeal a classification. Only a supervisor or the classification lieutenant can change a classification assignment.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.			\boxtimes	This component is only applicable for SPCs and CDFs. The classification lieutenant indicated that appeals are generally completed within three days. A review of files only found one appeal in the past year.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				This component is only applicable for SPCs and CDFs. The Warden makes the final decision regarding appeals of classification designations.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

Interviews with classification staff, a review of facility policy 300.02 Offender Intake and Classification Procedures, and a review of 10 closed files revealed the facility uses an objective classification system to determine detainee housing and security needs.

Each detainee receives information in the detainee handbook received during the admission process regarding the classification system and the privileges and restrictions of each classification level.

The detainee also has the opportunity to appeal a classification designation to a higher authority, and the detainee's classification is reviewed within 60 days of reception.

(b)(6), (b)(7)c March 17, 2011

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.				The portion of this component requiring correspondence rules to be posted in the housing unit or common area is specific to SPCs and CDFs. No postings are currently in the units; however, the facility does provide each detainee with a copy of the handbook, which contains the rules.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	\boxtimes			
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			An interview with the mailroom staff member and a review of mailroom procedures and practices confirmed compliance.
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		The mailroom staff member opens all incoming mail with the exception of legal mail or special correspondence. The detainee is not present when the mail is opened.
Staff does not read incoming general correspondence without the Warden's prior written approval.			\boxtimes	This component is only applicable for SPCs and CDFs. Staff does not read incoming mail unless there is an "alert" provided by either ICE or the United States Marshall Service (USMS).
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
Staff is prohibited from reading or copying incoming special correspondence.				Policy prohibits reading correspondence and the staff member interviewed was knowledgeable of the policy.
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.				The "without the detainee present" requirement is only applicable for SPCs and CDFs. Outgoing mail is unsealed and may be inspected for contraband.
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. The facility returns rejected mail to the sender and notifies the detainee of the rejection.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.				The mailroom staff member sends a form to the detainee to notify him of the issue.
Staff maintains a written record of every item removed from detainee mail.				

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 Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			The Warden routinely reviews the contraband records.
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			Receipts are issued and no grievances or discrepancies have been noted in the past year.
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	\boxtimes			The mailroom officer sends the documents to classification staff for distribution to ICE.
Staff provides the detainee a copy of his/her identity document(s) upon request.				ICE will provide the copy 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			Appropriate procedures are identified in policy.
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			
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.				Policy and procedures are in place to provide detainees this opportunity.
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			The commissary provides these items at no cost.
☐ ACCEPTABLE ☐ DEFICIENT	REPEAT FINDING			

REMARKS:

This facility has routine procedures for opening all incoming mail with the exception of legal and special correspondence. Detainees may not seal their outgoing mail until it is inspected. Neither of these practices is supported by the standard and provides little assurance that detainee mail is not read. A review of policy 200.10, Offender Mail, an interview with the mailroom staff member, and observation of the mailroom operations, indicated compliance with the remaining components of this standard.

(b)(6), (b)(7)c March 17, 2011

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.

COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	\boxtimes			The facility's handbook titled, "Immigration and Customs Enforcement (ICE) Detainee Handbook" is provided in English and Spanish.
The handbook is supplemented by the facility orientation video, where one is provided.				Detainees view this video during the reception process.
All staff members receive a handbook and training regarding the handbook contents.				Staff receives the handbook during initial job entry training.
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.		\boxtimes		The last review and revision of the English version was December 2010. Staff report the Spanish version was in revision during the inspection. This three month delay in revising the Spanish version of the handbook does not meet the immediate notification requirement to the Spanish speaking detainees.
There an annual review of the handbook by a designated committee or staff member.				Each department reviews the handbook for recommended revisions and provides comments to the Warden for consideration.
 The detainee handbook addresses the following issues: Personal Items permitted to be retained by the detainee; and Initial issue of clothes, bedding and personal hygiene items. 				Page three of the detainee handbook addresses personal items the detainee may retain and facility's initial issue of clothing, linens and personal hygiene items to the detainee.
The detainee handbook states in clear language the basic detainee responsibilities.				
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.				
The handbook states when a medical examination will be conducted.				Page two of the detainee handbook indicates medical examinations will be conducted within 14 days of the detainee's reception.
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.				
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.				
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			
The handbook describes barber hours and hair cutting restrictions.				
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			
The handbook addresses religious programming.	\boxtimes			

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.

COMPONENTS	YES	No	NA	REMARKS
The handbook states times and procedures for commissary or	\boxtimes]	
vending machine usage, where available.				
The handbook describes the detainee voluntary work program.	\boxtimes			
The handbook describes the library location and hours of	\boxtimes]	
operation, and law library procedures and schedules.				
The handbook describes attorney and regular visitation hours,	\boxtimes]	
policies, and procedures.				
The handbook describes the facility contraband policy.	\boxtimes			
The handbook describes the facility visiting hours and schedule,	\boxtimes			
and visiting rules and regulations.			Ш	
The handbook describes the correspondence policy and	\boxtimes	П		
procedures.		Ш		
The handbook describes the detainee disciplinary policy and				
procedures, including:				
 Prohibited acts and severity scale sanctions; 	\boxtimes			
 Time limits in the Disciplinary Process; and 				
 Summary of the Disciplinary Process. 				
The grievance section of the handbook explains all steps in the				
grievance process – Including:				
• Informal (if used) and formal grievance procedures;				
 The appeals process; 				
• <u>In CDF</u> facilities: procedures for filing an appeal of a	_	_		
grievance with ICE.	\boxtimes			
• 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 detainee handbook describes the medical sick call	\boxtimes			
procedures for general population and segregation.				
The handbook describes the facility recreation policy including:				
Outdoor recreation hours.	\boxtimes		Ш	
Indoor recreation hours. The state of				
The handbook describes the detainee dress code for daily living;	\boxtimes			
and work assignments.				
The handbook specifies the rights and responsibilities of all	\boxtimes			
detainees.				
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING

The facility publishes an English and Spanish version of the detainee handbook and issues them to detainees during the admission process.

The detainee handbook is reviewed annually. During the review, facility employees are solicited for their recommendations and they are submitted to the Warden for consideration.

A recently reviewed and revised detainee handbook is available in English, although the updated Spanish version is not yet available.

Staff interviews, review of the local handbook, and direct observations verified compliance with this standard.

(b)(6), (b)(7)c / March 17, 2011

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			The food service manager has completed the Learn-2-Serv Food Service Course and has 12 plus years of food operations experience. The four cook supervisors have completed an in-depth in-house food service operational course provided by the food service manager. The cook supervisors sign all training forms and the forms are placed in the staff member's file.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.				This component is only applicable for SPCs and CDFs. The facility has a cook supervisor on duty on days when the food service manager is unavailable.
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				The training is a part of the in-house training provided.
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.			\boxtimes	There are no knives used at this facility.
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. This facility is a "knife free" institution. Facility staff does monitor the condition of eating utensils.
When necessary, special procedures govern the handling of food items that pose a security threat.	\boxtimes			
Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			Food service staff also participates in searches of detainee work areas.
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	\boxtimes			Count procedures are addressed during employee initial orientation training.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	\boxtimes			
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			Detainees are given the same facility training provided to the cook supervisors.
During orientation and training session(s), the CS explains and demonstrates: • Safe work practices and methods; • Safety features of individual products/pieces of equipment; and • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.	\boxtimes			
The Cook Supervisor documents all training in individual detainee detention files.	\boxtimes			

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
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. The detainees are paid in accordance with the U.S. Marshals 'Agreement of \$1.00 per day. The detainee signs the pay agreement prior to assignment.
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			
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				This facility does not have a cafeteria style operation.
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 cycle.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	\boxtimes			The menu includes ethnic dishes such as spaghetti, nachos, beef tacos, meatloaf, and hamburgers in the rotation.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	\boxtimes			
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. The cook supervisor has the authority to change the menu should a problem arise and enters the substitution in a log. The food service manager is normally contacted prior to the substitution.
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.				Common-fare authorization forms were reviewed for signatures.
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. Changes to the planned common-fare menu can be made at the facility level; Hot entrees are offered three times a week; The common-fare menus satisfy nutritional recommended daily allowances (RDAs); Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Reusable plates and utensils. 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				All common-fare meals are purchased and prepared separately from the main population's meals.
removal from the Common-Fare Program.				

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.

Corporation	YES	No	TA T A	Drive pro
COMPONENTS	IES	No	NA	REMARKS
The Warden, in conjunction with the chaplain and/or local				
religious leaders, provides the FSA a schedule of the ceremonial			Ш	
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.				
 Muslims fasting during Ramadan receive their meals 				
after sundown.				
 Jews who observe Passover but do not participate in the 				
Common-Fare Program receive the same Kosher-for-				
Passover meals as those who do participate.				
Main-line offerings include one meatless meal (lunch)				
or dinner) on Ash Wednesday and Fridays during Lent.				
The food service program addresses medical diets.				
Satellite-feeding programs follow guidelines for proper	\boxtimes			
sanitation.			Ш	
Hot and cold foods are maintained at the prescribed, "safe"				Monitored the lunch preparation and meal
temperature(s) while being served.				delivery and service to the housing units.
				Safe temperatures were maintained and the
411 1 11 12 12 11 1]		serving was expeditious.
All meals are provided in nutritionally adequate portions.		Ш	Ш	
Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
The food service staff instructs detainee volunteers on:				
 Personal cleanliness and hygiene; 				
 Sanitary techniques for preparing, storing, and serving 	\boxtimes			
food; and				
• The sanitary operation, care, and maintenance of				
equipment.				
Everyone working in the food service department complies with	\boxtimes			
food safety and sanitation requirements.				
Standard operating procedures include weekly inspections of all				
food service areas, including dining and food-preparation areas				
and equipment.				
Who conducts the inspections?				
Equipment is inspected for compliance with health and safety				The Texas Department of Health Services
codes and regulations.				inspected the facility on November 17, 2010.
• When was the most recent inspection?	\boxtimes			There were three issues identified during the
 Which agency conducted the inspection? 	_			inspection. During this inspection, the issues
				were reviewed, and each was found to be corrected.
Reports of discrepancies are forwarded to the Warden or				Corrected.
designated department head, and corrective action is scheduled	\boxtimes			
and completed.				
Standard procedure includes checking and documenting				
temperatures of all dishwashing machines after each meal.	\boxtimes		Ш	
Staff documents the results of every refrigerator/freezer				
temperature check.	\boxtimes		Ш	
The cleaning schedule for each food service area is	\boxtimes			
conspicuously posted.]		

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	
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes				
Storage areas are locked when not in use.	\boxtimes				
□ ACCEPTABLE □ DEFICIENT	AT-RISK			REPEAT FINDING	

The food service department presented as organized, neat and secure at the time of the inspection.

The facility uses detainees supervised by staff to prepare meals. Each detainee is medically cleared prior to this work assignment. The meals are prepared in the kitchen without the use of knives. These meals are then delivered to detainees to eat in their housing units. Proper temperatures were maintained throughout the process.

ICE detainees are permitted to work in food service; however, there were no ICE detainees in the facility during this inspection. At the time of the inspection, non-ICE detainees were properly dressed, neat and clean. Work clothing was changed regularly to maintain a sanitary work environment.

The Texas Department of Health Services inspected the facility on November 17, 2010. There were three issues identified during the inspection. During this inspection, those issues were reviewed and found corrected.

(b)(6), (b)(7)c March 17, 2011

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. YES **COMPONENTS** No NA REMARKS Detainee funds and valuables are properly separated, stored, and Facility policy 200.11 entitled, "Offender are accessible only by designated supervisor(s). Personal Property" and 200.23 "Offender П \boxtimes Funds" dated 6/17/10 were reviewed for compliance. Detainees' large valuables are secured in a location accessible to \boxtimes designated supervisor(s) or processing staff only. Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and \boxtimes П П CDFs, using a personal property inventory form that meets the ICE standard? Staff forwards an arriving detainee's medication to the medical \boxtimes П staff. Audits of baggage and non-valuable property occur each quarter This component is only applicable for SPCs and CDFs. Two staff members are assigned and audits are logged and verified. \boxtimes to conduct quarterly audits. The results of these audits are logged. (b)(7)e officers are present during the processing of detainee funds This component is only applicable for SPCs and valuables during in-processing to the facility. (b)(7)e officers and CDFs. (b)(7) estaff members are present \boxtimes during the processing of detainee funds and verify funds and valuables. valuables. Staff searches arriving detainees and their personal property for This component is only applicable for SPCs contraband. and CDFs. Facility staff searches all arriving П \boxtimes detainees and their personal property for contraband. Staff procedures follow written policy for returning forgotten \boxtimes П property to detainees. Property discrepancies are immediately reported to the CDEO or This component is only applicable for SPCs Chief of Security. and CDFs. Property discrepancies are \boxtimes immediately reported to the immediate supervisor and Warden. Staff follows written procedures when returning property to \bowtie П detainees. CDF/IGSA facility procedures for handling detainee property \boxtimes claims are similar with the ICE standard. The facility attempts to notify an out-processed detainee that he/she left property in the facility: By sending written notice to the detainee's last known This component is only applicable for SPCs

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

address:

abandoned.

written procedures.

Via certified mail; and

The notice state that the detainee has 30 days in which to claim the property, after which it will be considered

If a CDF/IGSA facility, written procedure requires the

prompt forwarding of abandoned property to ICE.

The facility disposes of abandoned property in accordance with

 \boxtimes

П

 \boxtimes

П

CDFs. Facility policy requires property to be

and CDFs. This facility sends certified mail

to the last known address and the notice

The section of this component requiring

written procedures for the disposal of abandoned property is specific to SPCs and

forwarded to ICE.

allows 30 days to claim property.

FUNDS AND PE	ERSONA	AL PRO	PERT	Y
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTR	ROL AND	SAFEGUA	ARD DET	AINEES' PERSONAL PROPERTY. PROCEDURES WILL
PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, B.	AGGAGE	AND OT	HER PE	RSONAL PROPERTY; THE DOCUMENTATION AND
RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND F	REGULAR	LY SCHE	DULED	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	E IN CON	TROL O	F THE D	ETAINEE CASE.
COMPONENTS	YES	No	NA	REMARKS
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

The procedures for processing funds and personal property were verified through policy review, staff interviews, and direct observations of operations/practices during this inspection.

Facility practices allow for a check and balance system to ensure the integrity of detainee funds, valuables and other property management.

(b)(6), (b)(7)c / March 17, 2011

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			Facility policy 200.20 "Offender Grievance Procedure" dated June 17, 2010 addresses the informal resolution of oral grievances.
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			
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		No cases alleging staff harassment or retaliation were indentified.
 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. While staff does recognize some complaints are frivolous in nature, they do not tag them as such. They treat all complaints as grievances and respond to them. The facility does document all grievances in a log system.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			
☐ ACCEPTABLE ☐ DEFICIENT] AT-R	RISK	REPEAT FINDING

REMARKS:

Facility staff reports they have an established grievance procedure. The procedures are documented in facility policy 200.20 Offender Grievance Procedures. The documentation was available for review to confirm the procedures are used. The procedures encourage the use of an informal oral reporting and resolution prior to submitting written grievances.

(b)(6), (b)(7)c March 17, 2011

AUDITOR'S SIGNATURE / DATE

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 requests by attorneys and \Box accredited representatives for group presentations. Upon receipt of concurrence by the Field Office Director, the \Box facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative. Posters announcing presentations appear in common areas at \Box least 48 hours in advance and sign-up sheets are available and П Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for П the denial. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend. Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are П documented. Interpreters are admitted when necessary to assist attorneys and \Box other legal representatives. Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session. 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 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 the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations. The facility plays ICE-approved videotaped presentations on \Box legal rights at regular opportunities, at the request of outside organizations. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request **ACCEPTABLE** DEFICIENT AT-RISK REPEAT FINDING

No Group Legal Rights Presentations were conducted during the past year. Facility policy 200.01, Offender Visitation, section 1 F addresses procedures to accommodate a presentation should one be requested. Additionally, the Group Legal Rights Presentation procedures are addressed in the facility's detainee handbook.

(b)(6), (b)(7)c / March 17, 2011

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	YES	No	NA	REMARKS
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. • The supply of these items exceeds the minimum required for the number of detainees.				Policy 200.14, Laundry/Indigent Services dated June 18, 2010 addresses issuance and exchange of clothing, bedding, and towels.
 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear. 	\boxtimes			The bulleted items in this component are specific to SPCs and CDFs. This facility provides two each of the specified items addressed in the component.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.				
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. New detainees are issued all of the items listed in the 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. Food Service workers are permitted to exchange outer garments daily or as needed.
Volunteer detainee workers are permitted to exchange outer garments more frequently.			\boxtimes	This component is only applicable for SPCs and CDFs. Workers are permitted to exchange outer garments as needed.
✓ ACCEPTABLE DEFICIENT	REPEAT FINDING			

REMARKS:

The facility has procedures established to provide clean clothing, bedding, linens, and towels to each detainee upon arrival. The facility also provides detainees with the regular exchange of clean clothing, linens, and towels during their stay at the facility.

Compliance was verified through direct observation during the facility inspection of non-ICE detainees who have the same protocol applied. There were no ICE detainees housed at the facility at the time of the inspection.

(b)(6), (b)(7)c March 17, 2011 AUDITOR'S SIGNATURE / DATE

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			Policy 200.16, Marriage Request, addresses procedures for the detainee and future spouse to request marriage approval.		
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	\boxtimes					
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					
When permission is denied, the Warden/OIC states the basis for his/her decision.	\boxtimes					
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\boxtimes					
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING		

ICE handles all marriage requests. All requests are filed in the detainee's A-file. There were no marriage requests during the past year. The facility's Warden and local Immigration Enforcement Agent (IEA) were interviewed regarding the detainee marriage process. The facility's marriage policy complies with ICE requirements.

(b)(6), (b)(7)c March 17, 2011

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 least of officers.				
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.				
 Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. Standard procedure requires the immediate return to the facility				
of any detainee who violates trip rules.	Ш		Ш	
△ ACCEPTABLE		AT-R	ISK	☐ REPEAT FINDING

REMARKS:

The facility's Warden and local Immigration Enforcement Agent (IEA) confirmed that ICE staff manages all ICE detainee escorted trips.

(b)(6), (b)(7)c March 17, 2011

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.				Policy 200.17 Recreation Program describes the recreation programs at this facility.
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. This facility has one full-time recreation officer.
Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			TOUTOUR OFFICE !
The recreational specialist or trained equivalent supervises detainee recreation workers.				
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			
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			
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.	\boxtimes			
Supervising staff is equipped with radios.	\boxtimes			
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.			\boxtimes	The Texas Jail Commission mandated that detainees have a right to recreation that cannot be revoked.
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.				This component is only applicable for SPCs and CDFs. The facility does not currently have approved volunteers; however, there is a waiver system in place should volunteers be approved.
Visitors, relatives or friends are not allowed to serve as volunteers.				This component is only applicable for SPCs and CDFs. This facility does not permit visitor, relatives or friends to participate in the volunteer program.
☑ 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.				

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	
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.					
□ ACCEPTABLE □ DEFICIENT	AT-RISK			REPEAT FINDING	
REMARKS: This facility offers both indoor and outdoor recreation opportunity.	ities Re	ecreation	nrogra	ms/procedures were verified through policy	
<u> </u>	ities. Re				

review, staff interviews, and direct observation of the program during this inspection. The Texas Jail Commission mandated that detainees have a right to recreation that cannot be revoked as part of a disciplinary sanction.

This facility does have a written program for use of outside volunteers. Volunteers are required to have background checks performed and must sign a waiver of liability. Relatives, visitors, or friends of detainee's are not permitted to participate in the volunteer program.

(b)(6), (b)(7)c March 17, 2011

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.				Policy 200.04 Religious Services/Volunteers addresses this component.	
Space is available for detainees to conduct religious services.				Services are conducted in the multi-purpose room.	
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.					
 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. This facility accommodates recognized holy-day observances.	
Each detainee is allowed religious items in his/her immediate possession.	\boxtimes				
Volunteer's credentials are checked and verified before allowing participation in detainee programs.					
Members of faiths not represented by clergy may conduct their own services within security allowances.	\boxtimes				

The offering of religious programs was verified through policy review, staff interviews, and direct observation of religious programs during this inspection. The facility allows outside religious volunteers to participate in the program once they have cleared background checks.

 \boxtimes

DEFICIENT

AT-RISK

(b)(6), (b)(7)c March 17, 2011 AUDITOR'S SIGNATURE / DATE

for the safety and security of the facility.

ACCEPTABLE

Detainees in the Special Management Unit are allowed to

participate in religious practices unless otherwise documented

REPEAT FINDING

DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. **COMPONENTS** YES No NA REMARKS Detainees are allowed access to telephones during established Phones are available from 6:00 AM until \boxtimes facility waking hours. 10:30 PM daily. The detainee handbook contains sufficient Upon admittance, detainees are made aware of the facility's \boxtimes П П information regarding detainee telephone telephone access policy. Each detainee is provided the telephone access rules via the handbook. In addition. \boxtimes voice prompts on the phone are in English Access rules are posted in housing units. and Spanish. There is no information posted in the housing units Spanish is the second language used by a The facility makes a reasonable effort to provide key information significant portion of the population. to detainees in languages spoken by any significant portion of \bowtie \Box Telephone access is addressed in the detainee the facility's population. handbook published in Spanish and English. Telephones are provided at a minimum ratio of one telephone \boxtimes per 25 detainees in the facility population. Telephones are inspected regularly by facility staff to ensure that \boxtimes they are in good working order. The facility administration promptly reports out-of-order \boxtimes П telephones to the facility's telephone service provider. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun \boxtimes П and completed timely. Detainees are afforded a reasonable degree of privacy for legal A detainee may request an unmonitored legal \boxtimes call in a more private setting. phone calls. A procedure exists to assist a detainee who is having trouble \boxtimes placing a confidential call. The facility provides the detainees with the ability to make non-The phone system is programmed to allow X collect (special access) calls. free calls as required. Special Access calls are at no charge to the detainees. \boxtimes The OIG phone number for reporting abuse is programmed into \bowtie the detainee phone system and the phone number was checked by the inspector during the review. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes \boxtimes The facility provides access as required. alternate arrangements to provide required access within 24 hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved X Pro bono calls are unrestricted. "Free Legal Services List". Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another \boxtimes Upon request, phone calls will be arranged. Facility. Any telephone restrictions are documented. \boxtimes Policy 200.08, Telephones, provides staff reasonable guidance for effectively taking The facility has a system for taking and delivering emergency \boxtimes messages. The procedures include detainee telephone messages. documentation of the call on a Family Liaison form. Emergency phone call messages are immediately given to detainees.

DETAINEE TELEPHONE ACCESS								
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.								
COMPONENTS								
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			All detainees in disciplinary segregation are allowed to make legal or case related phone calls.				
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes							
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			Access is made available with a mobile telephone.				
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.				The notice regarding monitoring of calls is included in laminated sheets maintained for each ICE unit and is also addressed in the handbook given to each detainee.				
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING				

REMARKS:

Policy 200.08, Telephones, effectively addresses the requirements of this standard. Detainees have sufficient access to telephone calls and have an opportunity to receive assistance in making calls as necessary. Private calls to attorneys can be arranged.

A test of the phone system was successfully conducted to access the Office of Inspector General.

Telephone access rules are provided in the detainee handbook but are not posted in the housing units.

(b)(6), (b)(7)c arch 17, 2011

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
There is a written visitation schedule and hours for general visitation.				Facility policy 200.01, Offender Visitation, establishes the schedule and procedures.
The visitation hours tailored to the detainee population and the demand for visitation.	\boxtimes			Visits are on Thursday, Friday and Saturday from 8:00 AM until 5:00 PM for one hour.
The visitation schedule and rules are available to the public.	\boxtimes			The rules and schedule are available by phone and in-person.
The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	\boxtimes			The front entrance officer has copies for visitors.
A general visitation log is maintained.	\boxtimes			
The detainees are permitted to retain personal property items specified in the standard.	\boxtimes			Personal property items, if approved by classification staff, may be left for a detainee.
A visitor dress code is available to the public.	\boxtimes			The dress code is posted in the lobby area or may be obtained from the front entrance officer.
Visitors are searched and identified according to standard requirements.				
The requirement on visitation by minors is complied with.	\boxtimes			
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors may visit with an adult.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	Minors may visit with an adult.
Detainees in special housing are afforded visitation.	\boxtimes			
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			No time limit is applied to legal visits.
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			An interview with a detention officer who works in visitation indicated that a detainee's meal would be held for him if needed.
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				
There are written procedures governing detainee searches.	\boxtimes			
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	Strip searches are not required following a contact visit.
Prior to each visit, legal service providers and assistants are identified per the standard.				A Bar Card is required for Attorney's and appropriate IDs for legal assistants.
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.				Pro bono organizations are available by phone and facility staff report the list will be posted when ICE detainees are again housed in the facility.

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		
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	\boxtimes					
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			When identified, the Field Office would be notified.		
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				Both ICE and facility staff is aware that an ICE detainee may request access to independent medical providers. Upon ICE approval, the facility will coordinate the examination.		
□ ACCEPTABLE □ DEFICIENT		AT-R	IISK	REPEAT FINDING		

REMARKS:

The facility has written policy governing visits. There is sufficient written information available to detainees and to the public regarding visiting regulations and schedules.

There is sufficient opportunity for detainees to participate in regular and legal visits to include those with minors who are accompanied by adults.

Strip searches are not required following contact visits.

A review of policy and procedures and interviews with key facility staff and the ICE representative identified no issues or concerns with visitation.

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

March 17, 2011

VOLUNTARY WORK PROGRAM POLICY: 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? This facility has a voluntary work program that allows ICE detainees to participate. • Do ICE detainees participate? \Box \boxtimes Facility policy # 200.3 addresses the procedures and management of this program. \boxtimes Detainee housekeeping meets neatness and cleanliness standards. Detainees have the opportunity to participate in special details, Detainees are allowed to work in the kitchen, \bowtie П П however, are never allowed to work outside the secure perimeter. laundry, barbershop, and cleaning services, but never outside the secure perimeter. Written procedures govern selection of detainees for the \bowtie П Voluntary Work Program. Where possible, physically and mentally challenged detainees There are no mentally or physically participate in the program. challenged detainees at this facility at the present time. Detention staff interviewed \boxtimes indicated physically and/or mentally challenged detainees would be allowed to participate in the voluntary work program upon their request. The facility complies with work-hour requirements for detainees, This component is only applicable for SPCs and CDFs. At this facility, policy 200.3 not exceeding: X Eight hours a day and Forty hours a week. mandates that detainees are not to work more than 8 hours a day or 40 hours each week. Detainee volunteers generally work according to fixed schedule. \boxtimes 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 \bowtie they join the work program. The voluntary work program meets: The section of this component that requires the voluntary work program to meet NFPA, OSHA, NFPA, ACA standards and ACA standards is specific to SPCs and CDFs. At this facility, the voluntary work program meets NFPA 101 Life Safety Code \boxtimes and OSHA Regulations set forth in 29 CFR parts 1910, 1926, and 1960. An "Employee Safety Orientation" form is signed by both the detainee and training officer upon completion of required training. The training curriculum and forms were reviewed. Medical staff screen and formally certify detainee food service Medical staff interviewed stated that all food volunteers. service workers are screened before starting X П work. Detainees with a history of TB or Before the assignment begins; and Hepatitis C are not cleared to work in food As a matter of written procedure service. Detainees receive safety equipment/ training sufficient for the \boxtimes assignment.

DEFICIENT

Proper procedure is followed when an ICE detainee is injured on

ACCEPTABLE

the job.

 \boxtimes

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REPEAT FINDING

REMARKS:

The facility offers a Voluntary Work Program for both ICE and non-ICE detainees.

Written policies and procedures have been developed for the Voluntary Work Program.

Detainees are allowed to work in the kitchen, barbershop, laundry, and cleaning services. Job and safety training must be completed and documented before volunteer workers are allowed to begin work. Health screenings are conducted during the admissions process and reviewed as necessary.

There were no ICE detainees currently at the facility to interview; however, staff was knowledgeable of the Voluntary Work Program.

(b)(6), (b)(7)c / March 17, 2011 **AUDITOR'S SIGNATURE / DATE**

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, medical staff is made aware of a potential hunger strike after three meals are missed in an attempt to counsel the detainee to avoid a hunger strike.
CDFs and IGSAs immediately report a hunger strike to the ICE.	\boxtimes			The ICE officer is notified when a detainee has missed nine meals or has not eaten for 72 hours.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Facility policy 513 has written procedures that ensures staff responds immediately to a hunger strike.
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, policy 513 requires that a hunger-striking detainee is isolated from other detainees in an observation room.
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 a hunger striker in the locked observation room in the medical unit or in the Special Management Unit if that room is not available.
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, medical staff records the weight and vital signs of a hunger striker daily in the detainee's medical record.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	\boxtimes			Facility policy 513 states that a hunger striker's consent is obtained before performing any 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. At this facility, a signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.
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 will provide the hunger striker with three meals a day and document this offering in the detainee's medical record.
Staff maintains the hunger striker's supply of drinking water/other beverages.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, water and fluids are offered regularly to the hunger striker and this offering/refusal is documented in the detainee's medical record.
During a hunger strike, staff removes all food items from the hunger striker's living area.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, all food items are removed from the hunger striker's living area, and commissary is not allowed during the hunger strike.

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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 is directed to record the hunger striker's fluid intake and food consumption; Does staff always uses Hunger Strike Monitoring Form I-839 or similar IGSA form.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, a hunger striker's fluid and food consumption is recorded on a GEO intake sheet and filed in the detainee's medical record.	
The medical staff has written procedures for treating hunger strikers.	\boxtimes			Facility policy 513 has clear written procedures for treating hunger strikers.	
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.				This component is only applicable for SPCs and CDFs. At this facility, all treatment attempts, including attempts to persuade the hunger striker of the medical risks, are documented in the detainee's medical record.	
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.	\boxtimes			All detention and medical staff receives training in hunger strike evaluation and treatment during orientation and again during yearly mandatory in-service training. Staff files and training logbooks were reviewed and reflected this training.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

There were no ICE detainees in this facility during the inspection.

There have been no hunger strikes at this facility in the last twelve months.

Hunger Strike training is part of orientation for all new medical and detention staff and is mandatory during yearly in-service training.

Medical and detention staff was interviewed, and was knowledgeable on the policies and procedures applicable to hunger strikes.

(b)(6), (b)(7)c March 17, 2011

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
Facilities operate a health care facility in compliance with state and local laws and guidelines.				Although this facility is not accredited by any organization, it guided by both ACA and NCCHC Jail Standards. Health care is managed by GEO; a national, contracted, managed care company with similar NCCHC care standards.
The facility's in-processing procedures for arriving detainees include medical screening.	\boxtimes			All arriving detainees receive a medical screening by nursing staff during the inprocessing. Six non-ICE detainee admissions screenings were observed, and 20 old ICE detainee records were reviewed and confirmed screening at intake.
All detainees have access to and receive medical care.				Health care staff is available at this facility 24 hours a day, seven days a week. Sick call is available twice a day, seven days a week. Sick call slips are available from the nurses or officers in English and Spanish and completed slips are placed in one of two locked boxes outside of the recreation area or given to the nurse during medication pass. Access to medical care is addressed on page eight of the facility's handbook. There is a language line telephone service available.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				A Managed Health Care Coordinator from ICE Health Services Corps is available online (TAR Web system). The process was reviewed with the HSA (Health Service Administrator), who states that most requests are approved within 24 hours.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				There is medical staff at this facility at all times. There ar (b)(7)efull-time registered nurse (b)(7)e ull-time licensed vocational nurses (LVN), and(b)(7) enedication aids. (b)(7)eof these LVNs is the HSA. A physician works two days a week for a total of eight hours, but is on call 24 hours a day, seven days a week. A psychiatrist is available every Tuesday via "teleweb" and as needed for emergency consultation. A psychologist is on-site three days a week for a total of five hours. A dentist and his assistant are contracted for 10 hours a week and as needed for emergencies. A local optometrist is available if eyeglasses are needed and the detainee is unable to receive his from home.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	\boxtimes			There is one private examination room in the medical unit and a larger general evaluation room.

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

WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				This component is only applicable for SPCs and CDFs. At this facility, the medical unit has its own restricted access area within the confines of the secure perimeter.
The medical facility entrance includes a holding/waiting room.				This component is only applicable for SPCs and CDFs. At this facility, there is a holding room at the front entrance of the medical unit.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, an officer is on duty in the corridor of the medical unit and has direct visualization of the holding room.
Detainees in the holding/waiting room have access to a drinking fountain.				This component is only applicable for SPCs and CDFs. At this facility, drinking water is available upon request from a portable water cooler outside the holding cell.
 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files. 	\boxtimes			Medical records are stored in a designated, locked room within the medical unit, accessible only by medical personnel. As confirmed by the medical records clerk, no copies of medical records are made for detention files.
Pharmaceuticals are stored in a secure area.				This component is only applicable for SPCs and CDFs. At this facility, all medications are stored in locked medication carts or locked cabinets in a designated locked room in the medical unit that is only accessible by nurses.
 Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test during the admission process; Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and Detainees not screened are housed separate from the general population. 	\boxtimes			All arriving detainees receive a skin test for TB at the time of in-processing with the exception of those who arrive with a documented test completed within the last 6 months at another facility. If a skin test is positive, a contracted outside company, CMMS does a chest X-ray and results are electronically read and returned within 4 hours. Detainees are housed in general population after in-processing unless they are symptomatic. Symptomatic detainees are housed in the medical unit isolation room until chest X-ray results confirm they are TB free. Records of 20 previous ICE detainees were reviewed and confirmed that testing was completed during in-processing or documentation from another facility was present.

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

COMPONENTS	YES	No	NA	REMARKS
 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. 	\boxtimes			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, all detainees receive a mental-health screening during inprocessing prior to assignment to a housing unit. Only nurses conduct these mental-health screenings.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				This component is only applicable for SPCs and CDFs. At this facility, GEO form HS177 is used to identify detainees needing medical attention.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	\boxtimes			The physician will conduct a physical examination on all arriving detainees within 14 days of arrival. There are no ICE detainees at present; therefore, records of 20 previous ICE-detainees were reviewed and confirmed that all 20 physicals were performed within 14 days of arrival, most within seven days.
Detainees in the Special Management Unit have access to health care services.	\boxtimes			Detainees in the SMU (Special Management Unit) are escorted to the medical unit for care. Sick call slips are available from detention staff and nurses who make daily rounds each shift for wellness checks of each SMU detainee. Sick slips are also available from nursing staff during medication pass.
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, sick call slips are available in Spanish and English, and are available from both detention and nursing staff upon request. Sick call slips are picked up daily by the HSA during morning rounds of each unit or by the medication aids or nurses during medication pass. Sick call slips are triaged that day. Review of 20 previous ICE detainee records confirmed that all sick call slips were addressed within three days. Those requiring visits to either the physician or dentist were seen within five days.

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

COMPONENTS	YES	No	NA	REMARKS
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.				Medical staff is on duty 24 hours a day, seven days a week, and always available for delivery of emergency care. Facility policy 511, "Emergency Medical Services", outlines an emergency plan when immediate outside medical attention is required.
The plan includes an on-call provider.			\boxtimes	This component is only applicable for SPCs and CDFs. At this facility, a physician is always 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, there is a list of emergency telephone numbers available in the medical records room and central control.
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. At this facility, policy 511 includes procedures for facility staff to utilize emergency care consistent with security and safety.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	\boxtimes			At this facility, all detention and medical staff is trained as first responders. There are weekly "code blue" drills for every shift. Those drills are recorded. The last 2 months of drills were reviewed. The last drill was a mock hanging on March 14, 2011.
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 nurses or medication aids distribute medication.
The medical unit keeps written records of medication that is distributed.				All medication distribution is recorded in the MARs (Medication Administration Record), and kept on the medication carts. Medication pass is at 7 AM and 7 PM. Those detainees needing more frequent medication come to the medical unit for dispensing. Medication pass was not observed due to facility dispensing times, but MARs and medication handling was reviewed with nursing staff. There are only two over-the-counter (OTC) medications dispensed as needed, if approved by medical. These are TUMS and Tylenol. Detention officers are trained by nursing staff to dispense and log these OTCs. If these medications are dispensed more than three times, the detainee is placed on sick call to be evaluated again. There are other OTCs allowed "on person" in this facility if purchased in the commissary. These include medicated skin or acne cream, antifungal foot powder or cream, multivitamins and cough drops.

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

WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				This component is only applicable for SPCs and CDFs. At this facility, a "Special Needs" form is generated when a detainee has a special medical need and a copy is forwarded to the warden.
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				A signed and dated consent form is obtained from a detainee before medical treatment is administered. Record review and conversations with medical staff verified this as part of facility policy 901, "Informed Consent".
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				This facility uses a GEO HS 106 form to authorize the release of confidential medical records to outside sources.
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				The HSA stated the medical unit receives a 24-48 hour advance notice prior to the release, transfer, or removal of a detainee. A "Prisoner Remand" or "Order to Deliver" form is sent to the medical unit.
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	\boxtimes			When a detainee is transferred to another facility, a "Texas Uniform Health Status Update" form containing a summary of medical care is sent with the detainee.
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".				Medical records clerks confirmed that medical records are placed in sealed envelopes labeled with the detainee's name, A-number, and marked "MEDICAL CONFIDENTIAL".
ACCEPTABLE DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

This facility is not accredited by any organization, but uses ACA and NCCHC Jail Standards to guide medical services.

There is medical staff on-site 24 hours a day, seven days a week. There is always a physician, dentist, and psychiatrist on call for emergency consultation.

All staff at this facility is trained as first responders. Cardiopulmonary Resuscitation and First Aid are taught as part of orientation and provided yearly as part of mandatory yearly in-service training. The medical area has an automated external defibrillator. Weekly "Code Blue" or "Man Down" drills are held during random shifts to continually train and observe staff response times.

According to medical staff interviews and old chart reviews, eighty percent of arriving detainees had TB testing at their previous facility within the previous six months of their reception. There are no negative pressure rooms at this facility. A portable chest X-ray is available as an emergency testing tool and results are obtained electronically within four hours.

There were two medical grievances filed in the last 12 months. Both were reviewed and determined as unfounded. There were no detainee appeals filed.

There were no ICE detainees at this facility during the inspection to interview; however, previous detainee records were evaluated and found compliant in all areas reviewed.

A majority of the medical and detention staff is bilingual at this facility. This enables quality access to medical care and the delivery of medical services.

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

March 17, 2011

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.

COMPONENTS	YES	No	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	\boxtimes			All new medical and detention staff receives suicide-prevention training during orientation, then quarterly, and as part of mandatory in-service training. The training records and course curriculum were reviewed and confirmed this training.
 Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques. 	\boxtimes			The suicide-prevention curriculum was reviewed and includes recognition, referral procedures, and 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			Nurses conduct all of the mental health screenings at the time of in-processing to identify any potential suicidal detainees. There were no ICE detainees at this facility during the inspection. Records of 20 previous ICE detainees were reviewed and confirmed that all new detainees were screened within 1 working day after arrival.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	\boxtimes			Facility policy 706 outlines the procedures for the referral of at-risk detainees to the medical staff.
The facility has a designated isolation room for evaluation and treatment.				The medical unit's observation room is the designated isolation room for evaluation and treatment of the potential suicidal detainee placed on constant watch. There are two Americans with Disabilities (ADA) compliant handrails in this cell. The handrails could be used for attaching a noose. Medical and detention staff were interviewed and confirmed that this room is never used for suicide watch unless there is an officer specifically assigned to a constant suicide watch. The segregation unit has two designated cells that would be used as isolation rooms for 15-minute suicide watches. These cells do not have handrails or any structures or smaller items that could be used in a suicide attempt.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.		\boxtimes		The designated isolation rooms in segregation were examined and did not contain any structures or smaller items that could be used in a suicide attempt. The isolation observation room in the medical unit has ADA compliant handrails that could be used to attach a noose. When this room is used for suicide watch an officer is assigned to constantly monitor the detainee.
Medical staff has approved the room for this purpose.	\boxtimes			This was confirmed by the HSA.

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. **COMPONENTS** YES No NA REMARKS Staff observes and documents the status of a suicide-watch Detention staff observes and documents the detainee at least once every 15 minutes. status of a suicide watch detainee at least once every 15 minutes. This is logged electronically and was demonstrated by \boxtimes detention staff. Medical staff monitors a suicide watch detainee every shift and records their findings on GEO form LG206, and later filed in the detainee's medical record. **ACCEPTABLE** DEFICIENT AT-RISK REPEAT FINDING

REMARKS:

There have been no suicides or suicide attempts in the last 12 months at this facility.

Suicide prevention training is part of the orientation for all new medical and detention staff. There is also mandatory quarterly inservice training.

There are three designated cells used for suicide watches. The medical unit has one observation cell that has been approved by medical for suicide watch. The observation cell has ADA compliant handrails which could be used to attach a noose. This cell is only used when staff constantly supervises the detainee on watch. Two segregation cells do not have handrails or structures that could be used in a suicide attempt and are used for all 15 minute check suicide watches.

Nursing staff visits all segregation detainees on all shifts. Visits are logged as wellness checks in an effort to monitor any behavior changes of the detainee while housed in segregation that may signal potential suicidal behavior. A copy of each detainee's medical information is maintained in this logbook for quick reference and comparison.

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arch 17, 2011

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 REMARKS Detainees who are chronically or terminally ill are transferred to This facility does not routinely accept an appropriate offsite medical facility. terminally ill detainees. If a detainee \boxtimes develops a terminal illness, the detainee is transferred to a more appropriate facility. The facility or appropriate ICE office promptly notifies the next The HSA confirmed that ICE notifies the of kin of the detainee's medical condition, to include: detainee's next of kin regarding changes in a \boxtimes The detainee's location; and detainee's medical condition, as well as transfer and visiting activities. The limitations placed on visiting. There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. Facility policy 522 offers guidance for staff in the care of a terminally ill detainee. Policy The guidelines include instructions for detainees who \boxtimes wish to have a living will other than the generic form 524, "End of Life Decision Making" the DIHS provides or who wishes to appoint another to addresses this component. make advance decisions for him or her. The guidelines provide the detainee the opportunity to have a \boxtimes Facility policy 524 addresses this component. private attorney prepare the documents. There is a policy addressing "Do Not Resuscitate Orders" \boxtimes Facility policy 524 addresses this component. Detainees with a "Do Not Resuscitate" order in the medical П Facility policy 524 addresses this component. record receive maximal therapeutic efforts short of resuscitation? The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic The HSA confirmed that ICE makes any circumstances of any detainee with a "Do Not Resuscitate" order \boxtimes notifications necessary regarding "Do Not in the medical record. In the case of IGSAs, this notification is Resuscitate " orders. made through the local ICE representative. The facility has written procedures to address the issues of organ Facility policy 524 addresses this issue. Only donation by detainees. \boxtimes immediate family members may receive an organ donation from a detainee. The facility has written procedures to notify ICE officials, Facility policy 110, "Death of an Inmate" deceased family members and consulates, when a detainee dies \boxtimes addresses this component. while in Service. The facility has a policy and procedure to address the death of a \boxtimes Facility policy 110 addresses this component. detainee while in transport. At all ICE locations the detainee's remains disposed of in ICE officers confirmed that ICE would \boxtimes accordance with the provisions detailed in this standard. assume responsibility for disposal of the detainee's remains. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with ICE officers confirmed that ICE would local procedures. \boxtimes assume responsibility for the requirements of this component through the ICE Field Office. If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified? An original or certified copy of a detainee's death certificate is \boxtimes Facility policy 110 addresses this component. placed in the subject's a-file.

TERMINAL ILLNESS, ADVA	NCED	DIREC	CTIVES	, AND DEATH	
POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLINJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEAT PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERINJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLOCCURS WHILE IN TRANSIT. CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAIL THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEE RELATED NOTIFICATIONS.	H, TO IN ESTED PA ACY WIL ETAINE	NCLUDE ARTIES IN L COVEF ES WHO	THE PRO THE EVI PROCEI ARE SE	OCEDURES TO ENSURE PROPER NOTIFICATION IS ENT OF A DETAINEE BECOMING TERMINALLY ILL OR DURES TO BE TAKEN IF THE DEATH OF A DETAINEE WERELY OR TERMINALLY ILL. INDICATE NA IN	
COMPONENTS	YES	No	NA	REMARKS	
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.				Facility policy 110 contains procedures for notifying and coordinating with ICE officials when coroner services are required.	
ICE staff follows established procedures to properly close the case of a deceased detainee.				ICE officers interviewed confirmed that there are procedures in place to properly close the file of a deceased detainee.	
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING	
REMARKS: This facility does not routinely accept terminally ill detainees. The facility does have policies in place if a terminally ill detainee is admitted to the facility temporarily for ambulatory care or if a detainee becomes terminally ill or dies while at this facility. There have been no deaths or terminally ill detainees housed at this facility for the last 12 months. Both ICE officers and medical staff were interviewed and were in agreement on the proper handling of a terminally ill detainee or death of a detainee should it occur at this facility. (b)(6), (b)(7)c March 17, 2011					

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.

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.				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. At this facility, Policy 300.01, Searches for Contraband, establishes procedures and guidelines for staff regarding contraband, including all the requirements noted in this component.
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. Contraband is maintained for evidence or disciplinary action.
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property				This component is only applicable for SPCs and CDFs. Policy 300.01 addresses this component.
Altered property is destroyed following documentation and using established procedures.			\boxtimes	This component is only applicable for SPCs and CDFs. Procedures have been established for the disposal of altered property.
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.				This component is only applicable for SPCs and CDFs. Local policy requires consultation with religious authorities prior to confiscation of religious items.
Staff follows written procedures when destroying hard contraband that is illegal.				Written procedures for destroying hard contraband are included in policy 300.01.
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.				This component is only applicable for SPCs and CDFs. Local procedures require that "weapons, drugs, etc.", be turned over to the Karnes County Sheriff's Office for disposal.
ACCEPTABLE DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

The facility has written policy 300.01, Searches for Contraband identifying management of contraband. The facility does not maintain hard contraband for training purposes. An interview with the warden and review of contraband records support compliance with this standard.

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

March 17, 2011

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.				The facility uses a computerized system to document basic information. A hard copy of the documentation is printed and maintained in detainee records.
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.				Basic information is also maintained on the facility's detainee tracking system, GEO Track.
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			Ten closed files were reviewed and found to be complete. The files contained all necessary documentation and records. ICE forms used during intake were also maintained in the 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.				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. The detention files are maintained in the classification/records office in secure file cabinets.
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.				
The officer closing the detention file makes a notation that 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.				
△ ACCEPTABLE □ DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

A review of 10 closed files, an interview with intake staff, and a review of policy 300.02, Offender Intake and Classification Procedures, was used to determine compliance with this standard.

(b)(6), (b)(7)c arch17, 2011 AUDITOR'S SIGNATURE / DATE

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.

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			Policy 200-18, Offender Disciplinary, outlines the procedures for the disciplinary process at this facility.
The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			Observed disciplinary practices indicated that disciplinary action is neither capricious nor retaliatory. In addition, a "No Harm" policy cites specific language regarding this issue.
Written rules prohibit staff from imposing or permitting the following sanctions:	\boxtimes			Facility policy provides written guidelines to staff, which prohibits the use of the sanctions listed in this component.
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			The detainee handbook provided in English and Spanish addresses the facility's disciplinary system. Each detainee also views a video presentation delivering the information verbally.
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. The Rights and Responsibilities, Prohibited Acts, Disciplinary Severity Scale, and Sanctions are posted in English and Spanish.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy and current practice confirmed the use of informal resolution.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.			\boxtimes	This component is only applicable for SPCs and CDFs. A designated supervisor is promptly provided with the incident report and notice of charges.
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			
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. Disciplinary hearings are adjudicated by either a panel or assigned supervisor. The panel or supervisor does perform the actions as stipulated in this component.

DISCIPLI	NARY	POLIC	\mathbf{Y}			
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		
A staff representative is available if requested for a detainee facing a disciplinary hearing.			\boxtimes	This component is only applicable for SPCs and CDFs. Written policy and interviews with staff indicated that a staff representative is available, if requested by the detainee.		
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					
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-R	ISK	REPEAT FINDING		
REMARKS: A review of the facility's written policy, interviews with staff, examination of several incident reports, and review of documents related to disciplinary hearings revealed the facility is in compliance with the Disciplinary Policy standard.						
Each detainee receives notification of the rules and potential consequences of misconduct. Detainees are authorized to receive assistance with the disciplinary process as necessary.						

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

March 17, 2011

AUDITOR'S SIGNATURE / DATE

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

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.

WEWORANDOW OF UNDERSTANDING (WOO), WITH TEDERAL, EOU				_
COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	\boxtimes			Staff indicated that detainees do not exercise control or authority over other detainees and the detainee handbook adequately addresses this issue.
Detainees are protected from:				
 Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees 	\boxtimes			Policy 11.1.6, Inmate Protection From Harm, includes language that protects detainees from the actions listed in this component.
Staff is trained to identify signs of detainee unrest. • What type of training and how often?				Staff is provided training on this subject as part of orientation training and then yearly during annual in-service training. Staff training files were reviewed for confirmation.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)				
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 safety committee, under the supervision/direction of the warden, is responsible for the emergency plans and their implementation.
The plans address the following issues:	\boxtimes			
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	\boxtimes			
The facility has cooperative contingency plans with applicable:			\boxtimes	This component is only applicable for SPCs and CDFs. The facility does have cooperative agreements with applicable agencies.
All staff receives copies of Hostage Situation Management policy and procedures.			\boxtimes	This component is only applicable for SPCs and CDFs. The hostage plan is available for staff to review. Copies are not distributed.
(b)(7)e				This component is only applicable for SPCs
(b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.			\boxtimes	and CDFs. Training includes instructing (b)(7)e situation. Policy also mandates screening of hostages for medical and psychological effects within 24 hours after release.
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. Facility emergency plans address 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. Food service maintains at least a 3-day supply of emergency meals for staff and detainees.

EMERGENCY (CONTINGENCY) PLANS				
POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOC COMPONENTS Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).	. It is re	COMME	NDED TH AGENCIE NA	IAT SPCs AND CDFs ENTER INTO AGREEMENT, VIA
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\boxtimes	valves and switches for all utilities, including water, gas, and electric.
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 Emergency Plans included procedures for all emergency situations listed in this component.
ACCEPTABLE DEFICIENT	L	AT-R	ISK	REPEAT FINDING
REMARKS:				

A review of the facility's emergency plans, interviews with staff, and examination of training files, revealed compliance with this standard.

The facility has plans designed to protect human life and property addressing a multitude of situations that are documented and communicated to staff.

The facility has entered into cooperative agreements with other agencies for support during an emergency.

(b)(6), (b)(7)c March 17, 2011

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 facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				Policy 500.06 Storage and Control of Chemicals dated 12/13/10 addresses this component.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	\boxtimes			
 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			The master Material Safety Data Sheet (MSDS) file is located in the fire and safety officer's office.
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.				All employees and detainees sign a form verifying their training. The forms are maintained in the appropriate employee/detainee file.
The MSDSs are readily accessible to staff and detainees in work areas.				
 Hazardous materials are always issued under proper supervision. Quantities are limited; and Staff always supervises detainees using these substances. 				
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				
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			
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.)				The living unit temperature thermostats are located and monitored in the facility's control center. The temperatures were at proper levels during the inspection.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.				
All toxic and caustic materials are stored in their original containers in a secure area.				
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.				
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	There were no products containing methyl alcohol in the MSDS file. No products containing methyl alcohol were observed in use or in storage during the facility inspection.

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
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	\boxtimes			Employee and detainee training are documented in the appropriate individual's file.
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		The Globe meat slicer power cord is detached from its mounting (repaired during the review). The Hobart industrial mixer is not secured to the floor to prevent accidental walking/tipping (secured during the review). The four main facility emergency exit doors have metal caged sally ports. The sally port emergency gate locks are not accessible from the outside in order to facilitate emergency egress. Additionally, the emergency swing gates in the exit paths have padlocks installed. The facility has established a plan for installing new locking devices to meet current life safety codes.
A technically qualified officer conducts the fire and safety inspections.		\boxtimes		The safety officer has not received fire safety technical training, and has a basic working knowledge on the inspection of fire equipment. The city fire marshal conducts the yearly inspections at the facility.
The Safety Office (or officer) maintains files of inspection reports.	\boxtimes			
The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The plan was approved on February 7, 2011.
 The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area. 				The plan does not explain procedures for conducting monthly fire safety inspections nor explain the concepts/requirements of a fire prevention program.
Fire drills are conducted and documented monthly.				There was no documentation available to verify that emergency exit keys are being used or issued during fire drills.
A sanitation program covers barbering operations.	\boxtimes			
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			Policy 405.24 Disposal of Sharps addresses the handling and disposal of used needles and sharps.
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			Inventories are conducted during each shift and a weekly audit is performed.

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
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 200.14 Laundry/Indigent Services, section VI addresses institution cleaning procedures.
Spill kits are readily available.				
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			Stericycle is contracted to dispose infectious/bio-hazardous waste.
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?				
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			D-N Weed and Pest Control is contracted to perform monthly inspections and preventative spraying.
Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			El Oso Water Supply Corporation provides water services and has water tests conducted by GBRA Laboratory.
 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		The generator is operated weekly; however, this activation does not meet the requirements established for a test of the system. A test meeting the standards only occurs once a year.
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

The facility was built in 1995. Fire protection smoke detectors, sprinkler systems, food service fire suppression hood systems, and the integrated fire alarm panel system were installed in accordance with the current National Fire Protection Life Safety standards. Additionally, a new Fire Alarm system control panel was installed in the fall of 2010. Fire equipment and alarm systems are inspected, tested, and maintenance is performed monthly by facility staff, and a certified outside contractor performs these services yearly as required by life safety standards. Additionally, the Karnes City Fire Marshal conducts annual facility inspections. The fire/safety officer has not received fire safety training.

The Globe meat slicer power cord is detached from its mounting (repaired during the review). The Hobart industrial mixer is not secured to the floor to prevent accidental walking/tipping (secured during the review).

The four main facility emergency exit doors have metal caged sally ports. The sally port emergency gate locks are not accessible from the outside in order to facilitate emergency egress. Additionally, emergency swing gates in the exit paths have padlocks installed. The facility has established a plan for installing new locking devices to meet the current life safety codes.

The emergency generator is not tested quarterly in accordance with the ICE NDS.

At the time of the inspection, the common areas of the facility are well maintained with good levels of sanitation. ICE detainees are permitted to volunteer for work assignments; however, there were no detainees at the facility during the inspection.

(b)(6), (b)(7)c March 17, 2011

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.

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 and CDFs. Hold rooms are situated within the secure perimeter.			
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.				This component is only applicable for SPCs and CDFs. Hold rooms are well ventilated, well lit with activating switches outside the room.			
The hold rooms contain sufficient seating for the number of detainees held.			\boxtimes	This component is only applicable for SPCs and CDFs. Hold rooms contain sufficient seating for the number of detainees held.			
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.				This component is only applicable for SPCs and CDFs. The hold rooms did not contain sleeping areas at the time of the inspection.			
The walls and ceilings of the hold rooms are tamper and escape proof.				This component is only applicable for SPCs and CDFs. Walls and ceilings of the hold rooms are tamper and escape proof.			
Individuals are not held in hold rooms for more than 12 hours.	\boxtimes			Policy and practice precludes holding an individual for more than 12 hours in a hold room.			
Male and females are segregated from each other.			\boxtimes	Female detainees are not housed at the facility.			
Detainees under the age of 18 are not held with adult detainees.				Detainees under the age of 18 are not housed at this facility.			
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.							
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.							
All detainees are given a pat down search for weapons or contraband before being placed in the room.				Detainees arriving at the intake area were observed being pat searched.			
 Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.). Hold rooms are irregularly monitored every 15 minutes. Unusual behavior or complaints are noted. 				Policy indicated that detainees in hold rooms are to be monitored at irregular intervals every 30 minutes. The local policy was changed to reflect 15 minute observation of ICE detainees prior to the conclusion of the inspection. The warden provided documentation that the hold rooms were being checked every 15 minutes when ICE detainees were confined in the hold rooms during the first ten months of 2010.			
When the last detainee has been removed from the hold room, it is given a thorough inspection.							
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	\boxtimes			The section of this component that requires for the evacuation plan to include a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation is specific to SPCs and CDFs. There is a written evacuation plan for this area that designates responsibility to the intake officer for evacuation.			

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	
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	\boxtimes				
△ ACCEPTABLE □ DEFICIENT		AT-R	IISK	REPEAT FINDING	

REMARKS:

Policy 300.23, Hold Rooms, provides guidance for the temporary housing of detainees upon their arrival at the facility. Observation of the hold room area, intake process, and examination of the physical construction of the hold rooms revealed compliance with the Hold Room in Detention Facilities standard.

Facility policy requires that the hold rooms be monitored at irregular intervals of 30 minutes, not every 15 minutes as required by the ICE standard. According to the warden, since ICE detainees were not currently housed at the facility, he has elected to utilize 30 minute monitoring of the hold rooms. Policy was revised during the inspection that establishes a 15 minute check for ICE detainees and maintains the 30 minute check for non-ICE detainees. The Warden provided some previous activity logs that indicated the facility was performing 15 minute checks of ICE detainees when housed at the facility during the first nine to ten months in 2010.

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

/ March 17, 2011

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 security officer[s], or equivalent in IGSAs, has attended an approved locksmith-training program.	\boxtimes			A maintenance staff member is designated as the key and lock control officer for the facility and he has attended a Locksmith Technical Training Program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			A review of staff training files indicated that staff receives training in regard to key control.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.				Inventories were examined that demonstrated compliance with this component.
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				Preventive maintenance files were reviewed.
Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Reviewed several reports that indicated compromised keys and locks are handled properly.
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.				Policy and procedures do not address the integrity of safe combinations located in the (b)(7)e
Only dead bolt or dead lock functions are used in detainee accessible areas.		\boxtimes		Chains with padlocks were observed on the grilles between the recreation areas. These grilles are used for emergency evacuation routes from the building. Padlocks were also observed in the dry goods and chemical storage area in the food service department.
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.		\boxtimes		Recreation fenced areas and the dividing fenced grilles used for emergency exit had both a standard lock and wrap around chain with padlock. The chains and padlocks were removed during the review. The ICE standard requires that padlocks not be used on exit doors "or intermediate doors along an exit route."
Grand master keying systems are prohibited.	\boxtimes			
All worn or discarded keys and locks are cut up and properly disposed of.				
Padlocks and/or chains are prohibited from use on cell doors.	\boxtimes			
 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.				The facility utilizes a (b)(7)e

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
Procedures are in place to ensure that key rings are:				Examination of the key rings supports compliance with this component.
Emergency keys are available for all areas of the facility.	\boxtimes			
The facilities use a key accountability system.	\boxtimes			
Authorization is necessary to issue any restricted key.	\boxtimes			
 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	\boxtimes			
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			The requirement for keys to be physically counted daily is specific to SPCs and CDFs. Policy 300.10, Key Control, provides written procedures that ensure key accountability. All keys are physically counted daily.
 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	\boxtimes			The bulleted sections of the component are specific to SPCs and CDFs. Review of staff training files indicated that these individuals are trained and held responsible for adhering to proper procedures for handling keys. Keys are immediately returned if inadvertently taken home. If a key is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff.

REMARKS:

The facility uses a (b)(7)e Inspection and observation of use of the system revealed proper accountability.

An interview with the key control officer and other staff confirmed they are aware of policy guidelines.

The facility policy does not contain procedures to ensure the integrity of safe combinations or to prevent the use of chains and padlocks in areas that are accessible to detainees. The chains and padlocks were removed from the divider grilles between the recreation fences during this annual inspection.

(b)(6), (b)(7)c arch 17, 2011

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			
Activities cease or are strictly controlled while a formal count is being conducted.			\boxtimes	This component is only applicable for SPCs and CDFs. Although this normally occurs according to staff, when a formal count was observed by this inspector, one detainee was missing from an assigned unit and discovered in another area of the facility.
Certain operations cease during formal counts.			\boxtimes	This component is only applicable for SPCs and CDFs. Certain operations do cease during formal counts.
All movement ceases for the duration of a formal count.			\boxtimes	This component is only applicable for SPCs and CDFs. All movement is required to cease for the duration of a formal count.
Formal counts in all units take place simultaneously.			\boxtimes	This component is only applicable for SPCs and CDFs. Formal counts do take place simultaneously.
Detainee participation in counts is prohibited.			\boxtimes	This component is only applicable for SPCs and CDFs. Detainee participation in counts is prohibited.
A face-to-photo count follows each unsuccessful recount.			\boxtimes	This component is only applicable for SPCs and CDFs. According to staff a second count is taken if an error is discovered. If any additional counts are necessary, a face-to-photo count follows.
Officers positively identify each detainee before counting him/her as present.			\boxtimes	This component is only applicable for SPCs and CDFs. Officers do identify each detainee before counting him as present and the evening shift utilizes a photo-roster count each day.
 Written procedures cover informal and emergency counts. They are followed during informal counts and emergencies. 				Policy 300.05, Offender Count, provides written procedures for counts, which includes informal and emergency counts.
The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.	\boxtimes			Review of count slips to include the documentation of out counts is maintained by central control.
This training is documented in each officer's training folder.	\boxtimes			A review of training files indicates that staff is trained in count procedures.
△ ACCEPTABLE □ DEFICIENT] AT-R	ISK	REPEAT FINDING

REMARKS:

A review of written policy, interviews with staff, observation of a physical count, and review of related documentation, indicated that the facility is in compliance with the Population Counts standard.

(b)(6), (b)(7)c March 17, 2011

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.

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.				Review of several posts indicated that post orders are located on all post assignments.		
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				This component is only applicable for SPCs and CDFs. The post orders included all related updates and inserts.		
One individual or department is responsible for keeping all post- orders current with revisions that take place between reviews.	\boxtimes			Current procedures require that the post order review be conducted by a committee. The warden stated that the chief of security will assume this responsibility in the near future.		
The IGSA maintains a complete set (central file) of post orders.	\boxtimes			A central file of all post orders was reviewed.		
The central file is accessible to all staff.				This component is only applicable for SPCs and CDFs. All post orders are accessible to staff.		
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.				This component is only applicable for SPCs and CDFs. A committee currently reviews any changes to a post order.		
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.			\boxtimes	This component is only applicable for SPCs and CDFs. The last page of each post order is signed and dated by the Warden.		
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.						
Procedures keep post orders and logbooks secure from detainees at all times.				This component is only applicable for SPCs and CDFs. The post orders and pertinent information are secured from detainees at all times.		
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.				This component is only applicable for SPCs and CDFs. Officers assigned to armed posts are required to be qualified with the post weapon(s) before assignment.		
Armed-post post orders provide instructions for escape attempts.	\boxtimes			Review of respective post orders for armed- post indicated that instructions for escape attempts are included.		
The post orders for housing units track the event schedule.				This component is only applicable for SPCs and CDFs. Event schedules are addressed in the post orders.		
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.			\boxtimes	This component is only applicable for SPCs and CDFs. Logbooks are not utilized at the facility; however, detainee activities are documented on a separate shift report.		
X ACCEPTABLE ☐ DEFICIENT		AT-R	RISK	REPEAT FINDING		

REMARKS:

A review of the facility's central file of all post orders, interviews with various staff, and an examination of the post orders on fixed posts indicated compliance with this standard.

(b)(6), (b)(7)c / March 17, 2011

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 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. Policy 300.01, Searches for Contraband, provides verification that the facility is in compliance with the bulleted sections 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. Security checks are conducted and the results are documented.
Documentation of security inspections is kept on file.			\boxtimes	This component is only applicable for SPCs and CDFs. The chief of security maintains a file of all security inspections.
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. Inspection reports are used to document any recurring problems or failure to take corrective action.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			
All visits are officially recorded in a visitor logbook or electronically recorded.				The front entrance officer maintains a visitor's logbook.
The facility has a secure visitor pass system.	\boxtimes			
Every Control Center officer receives specialized training.	\boxtimes			The Chief of Security confirmed all staff assigned to central control receives specialized training.
The Control Center is staffed around the clock.			\boxtimes	This component is only applicable for SPCs and CDFs. The control center is always staffed.
Policy restricts staff access to the Control Center.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy restricts staff access to the control center.
Detainees are restricted from access to the Control Center.			\boxtimes	This component is only applicable for SPCs and CDFs. Detainees are not authorized to enter 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 hub for the facility.
Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			The portion of the component that requires officers to monitor traffic leaving the facility is specific to SPCs and CDFs. Observation of vehicles entering and leaving the facility revealed that officers 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 does maintain a log, which contains all information listed in 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. Officers were observed searching vehicles that enter and exit the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.				Policy 300.01, Searches for Contraband, provides written procedures to prevent 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. According to staff, tools entering into the secure area of the facility are inventoried before entering and prior to exiting the facility. An examination of the maintenance department's toolboxes revealed that inventories were present for the tools being used in the facility.
The SMU entrance has a sally port.	\boxtimes			
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. Review of documentation revealed that areas of the facility are searched at irregular times.
Every search of the SMU and other housing units is documented.				The Chief of Security maintains these search records.
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.				
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			
Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.				
Visitation areas receive frequent, irregular inspections.	\boxtimes			
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	☐ REPEAT FINDING

REMARKS:

The facility has a written policy outlining the requirements for security inspections. Interviews with staff and examination of inspection documentation support an acceptable rating for this standard.

(b)(6), (b)(7)c / March 17, 2011

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
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			
 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		Staff can assign a detainee to administrative segregation in the Special Management Unit before a written order has been approved. A copy of the order is not given to the detainee within 24 hours.
 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. A supervisor reviews the status of detainees in administrative detention within 72 hours of 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?				This component is only applicable for SPCs and CDFs. A supervisor conduct reviews as outlined in this component and documents the decision and justification.
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 is given a copy of the decision and justification for each review, and provided an opportunity to appeal the reviewer's decision.
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. • 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.			\boxtimes	This component is only applicable for SPCs and CDFs. According to staff, ICE personnel would be notified if a detainee's administrative segregation exceeded more than 60 days.
 The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. A written record is made of the decision and the justification. The detainee receives a copy of this record. 			\boxtimes	This component is only applicable for SPCs and CDFs. Reviews after 30 days in segregation are held. Written justification and determination for continued confinement is provided to the detainee.
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. The detainee has the right to appeal to the Warden after being assigned to administrative segregation for seven consecutive days.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	\boxtimes			

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).

COMPONENTS	YES	No	NA	REMARKS
The SMU is: Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.				At the time of the inspection the SMU was adequately ventilated, had sufficient lighting was clean, and at an appropriate temperature.
All cells are equipped with beds. • Every bed is securely fastened to the floor or wall.	\boxtimes			
 The number of detainees in any cell does not exceed the occupancy limit. When occupancy exceeds recommended capacity, do basic living standards decline? Do criteria for objectively assessing living standards exist? If yes, are the criteria included in the written procedures? 				Detainees are not placed in cells when their placement would exceed the occupancy limit.
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.	\boxtimes			
Detainees receive three nutritious meals per day, from the general population's menu of the day. • Do detainees eat only with disposable utensils? • Is food ever used as punishment?	\boxtimes			Detainees in the SMU receive the same meals as the rest of the population. Plastic spoons are distributed for meals and then collected. Food is never used as punishment.
 Each detainee maintains a normal level of personal hygiene in the SMU. The detainees have the opportunity to shower and shave at least three times a week. If not, explain. 	\boxtimes			
 The detainees are provided: Barbering services; Recreation privileges in accordance with the "Detainee Recreation" standard; Non-legal reading material; Religious material; The same correspondence privileges as detainees in the general population; Telephone access similar to that of the general population; and Personal legal material. 	\boxtimes			The requirements of this component are met for those individuals assigned to administrative segregation in the SMU.
 A health care professional visits every detainee at least three times a week. The shift supervisor visits each detainee daily. Weekends and holidays. 				Medical staff visits the SMU three times a day and a supervisor visits each detainee daily, including weekends and holidays.
 Procedures comply with the "Visitation" standard. The detainee retains visiting privileges; and The visiting room is available during normal visiting hours. 	\boxtimes			
Visits from clergy are allowed.	\boxtimes			Clergy visits are permitted based on individual detainee request.

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).	¥7=e	No	NT A	D
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				Detainees assigned to administrative segregation can either visit the library or have legal materials brought to them, based on their request. Detainees may use the library separately or as a group depending on their security needs.
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.				The SMU Segregation Confinement Record contains all detainee related activities while in SMU.
 SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU. Staff completes the form at the end of each shift. CDFs and IGSA facilities use Form I-888 (or local equivalent). 				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. A local Segregation Confinement Record form is used to record activities of the detainee and it is completed at the end of the shift.
 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. 				This component is only applicable for SPCs and CDFs. Staff documents the information required by this component.
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 review of existing records indicated compliance with this component.
□ DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

A review of policy 300.17, Special Management Unit, conversations with supervisors and unit staff, review of existing documentation, and examination of the cells in the SMU indicated compliance with this standard.

(b)(6), (b)(7)c / March 17, 2011

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 300.17 provides general guidelines for the placement of detainees in disciplinary segregation.
The sanctions for violations committed during one incident are limited to 60 days.	\boxtimes			Sanctions are limited to 30 days for each incident.
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.				
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.				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. A review of disciplinary segregation files revealed that reviews occur and a copy of the decision and supporting reasons are provided to the detainee.
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			
 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. 				
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.				
The quarters used for segregation are: • Well-ventilated. • Adequately lighted. • Appropriately heated. • Maintained in a sanitary condition.				At the time of the inspection the SMU was adequately ventilated, had sufficient lighting was clean, and at an appropriate temperature.
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.				
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?				The number of detainees confined to each cell is limited to rated capacity.
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.				
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.				
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 served the same three meals received by general population. Food is not used as punishment.

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
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	\boxtimes			
 Detainees receive, unless documented as a threat to security: Barbering services; Recreation privileges; Other-than-legal reading material; Religious material; The same correspondence privileges as other detainees; and Personal legal material. 	\boxtimes			The requirements of this component are met at this facility.
 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. 				A review of confinement forms indicated compliance with this component.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.				
SMU detainees receive legal visits, as provided in the "Visitation" standard. • Legal service providers are notified of security concerns arising before a visit.	\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			Visits from clergy are approved based on individual requests.
 SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library. 	\boxtimes			
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.				A local SMU Segregation Confinement form is utilized to document detainee activities.

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
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).				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. A local SMU Segregation Confinement Form is used to document detainee activities while assigned to this disciplinary segregation. This document is prepared as soon as the detainee is placed in the SMU.
 SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 				This component is only applicable for SPCs and CDFs. The requirements of this component are met at this facility.
		AT-R	RISK	REPEAT FINDING

REMARKS:

The facility has a written policy that governs the operations of the Special Management Unit and the services and provisions for maintaining detainees in disciplinary segregation.

At the time of the inspection the area was clean and climate appropriate.

Documentation was viewed and confirmed standard compliance and the facility's written policy.

Staff interviewed was aware of the procedures and explained the operational requirements adequately.

Detainees were informed of their status and the reasons they are confined. Regular reviews of that status were conducted.

(b)(6), (b)(7)c / March 17, 2011 AUDITOR'S SIGNATURE / DATE

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.

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			Post Orders indicated the Chief of Security is assigned the responsibility of tool control officer.
Department heads are responsible for implementing this standard in their departments.				This component is only applicable for SPCs and CDFs Department heads are responsible for tool control and accountability in their respective areas.
Tool inventories are required for the: • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory.	\boxtimes			There is no electronic shop at the facility and the recreation department does not use or have tools in recreation areas. Inventories are present for the other areas that utilize tools.
 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			Policy 300.09, Tool Control, provides guidelines for the tool control program at this facility.
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. The facility has a tool classification system classifying tools as either Restricted or Non-Restricted.
Department heads are responsible for implementing tool-control procedures.				This component is only applicable for SPCs and CDFs. Department heads are tasked with implementing tool control procedures within their respective areas of responsibility.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			Policy 300.09 defines tool markings to aid in identification of tools. A physical examination of the tools confirmed they are marked as prescribed.
 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice. 				Shadow boards were observed in the maintenance building and food service department. A spot check of maintenance tool boxes entering the facility revealed tool inventories and tools with appropriate markings.
Each facility has procedures for the issuance of tools to staff and detainees.				
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.				Policy provides guidelines for lost tools. Interviews with maintenance workers confirmed they had an understanding of procedures to follow when a tool is lost.
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			

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
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.				
☐ ACCEPTABLE ☐ DEFICIENT	AT-RISK		ISK	REPEAT FINDING

REMARKS:

The facility has a written policy that addresses the acquisition, storage, issuance, inventory and disposal of tools.

The Chief of Security is the tool control officer and Department Heads are tasked with implementing the tool control procedures within their respective departments.

Interviews with staff confirm they are aware of obligations when a tool is lost.

Tool disposal procedures allow for accountability and secure disposal of tools.

(b)(6), (b)(7)c March 17, 2011

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.

YES	No	NA	REMARKS

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
 Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as 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 resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. 				
Vehicles have: (b)(7)e				
The vehicles are clean and sanitary at all times.				
Personal property of a detainee transferring to another facility is:				
The following contingencies are included in the written procedures for vehicle crews: • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors				
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	RISK	☐ REPEAT FINDING

REMARKS:

ICE staff performs all transportation of ICE detainees.

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

March 17, 2011

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.				Policy 300.04, Use of Force, provides guidelines for Use of Force situations at the facility. The policy allows staff to respond to an immediate situation without 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.				
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			
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			Review of Use of Force incidents on video- tape demonstrated the staff's knowledge and appropriate application of the Use-of-Force Team Technique.
Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			Staff is trained in the performance of the Use- of-Force Team Technique.
All use-of-force incidents are documented and reviewed.	\boxtimes			Review of incidents and related documents revealed compliance with this component.
 Staff: 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. 				Written policy prohibits the use of force as punishment. Review of use of force videos indicated compliance with the elements of this component.
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			

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COMPONENTS	YES	No	NA	REMARKS
Standard procedures associated with using four-point restraints include:				
Soft restraints (e.g., vinyl);				
• Dressing the detainee appropriately for the				
temperature;				
 A bed, mattress, and blanket/sheet; 				Policy addresses the procedures for the use of
 Checking the detainee at least every 15 minutes; 				four point restraints. All requirements listed
 Logging each check; 		ш		in this component are addressed in the
• Turning the bed-restrained detainee often enough				facility's policy.
to prevent soreness or stiffness;				
 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.	\boxtimes			
He/she allows the detainee to use the rest room at				
these times under safeguards.	N/2			
All detainee checks are logged. In immediate-use-of-force situations, staff contacts medical staff				
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		П	
 Medical staff reviews the detainee's medical file 		ш		
before use of a non-lethal weapon is authorized.				
Special precautions are taken when restraining pregnant				
detainees.			\boxtimes	Females are not housed at this facility.
 Medical personnel are consulted 				,
Protective gear is worn when restraining detainees with open				Review of use of force videos revealed staff
cuts or wounds.	\boxtimes	Ш		wearing protective gear.
Staff documents every use of force and/or non-routine	\boxtimes		П	All use of force and non-routine application
application of restraints.		Ш	Ш	of restraints are documented.
It is standard practice to review any use of force and the non-	\boxtimes		П	
routine application of restraints.		Ш		
All officers receive training in self-defense, confrontation-				
avoidance techniques and the use of force to control detainees.	\boxtimes			Staff training files were reviewed to verify
• Specialized training is given and Officers are				compliance.
certified in all devices they use.				
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 does
				use an equivalent Use of Force form.
△ ACCEPTABLE □ DEFICIENT	AT-RISK			REPEAT FINDING

REMARKS:

Review of the Use of Force policy, interview with staff, examination of use of force reports/reviews, review of staff training files and curriculums, and observation of a video-taped use of force occurring in October 2010 demonstrated that the facility is in compliance with this standard.

(b)(7)e

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

March 17, 2011

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 FRAME.

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	\boxtimes			The section of this component that requires weekly announced and unannounced visits is specific to SPCs and CDFs. When ICE detainees were routinely housed at the facility, Immigration Enforcement Agents interviewed confirmed that weekly regular announced and irregular unannounced visits occurred.
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	\boxtimes			A facility log of ICE visits indicated ICE visits were normally conducted on Thursdays.
Scheduled visits are posted in ICE detainee areas.			\boxtimes	A posting for ICE visits is on a laminated sheet ready to be posted in an ICE unit (when detainees are present).
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	\boxtimes			Inspection reports were available documenting current climate and conditions of confinement.
ICE information request Forms are available at the IGSA for use by ICE detainees.	\boxtimes			Local forms have been adopted for ICE use.
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	\boxtimes			
ICE staff responds to a detainee request from an IGSA within 72 hours.				Responses are tracked using an Access database program.
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			
◯ ACCEPTABLE □ DEFICIENT		AT-RISK REPEAT FINDING		

REMARKS:

There are local procedures established to govern staff and detainee communications to include tracking responses and response times.

ICE staff visit the facility regularly and make unannounced visits when ICE detainees are confined at the facility. No ICE detainees available for interview during the inspection but logs confirmed that visits occurred when detainees were housed at the facility in the previous 12 months.

Interviews with staff and a review of the detainee handbook and available documentation support compliance with this standard.

(b)(6), (b)(7)c March17, 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 PLACE.

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 				Interviews with two IEA staff at the facility indicated that the deportation officer assigned to a detainee's case is responsible for the A-file and all notification issues.
Notification includes the reason for the transfer and the location of the new facility.				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			Both IEAs mentioned the need for some discretion, particularly for security considerations
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.				
 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. 	\boxtimes			Local procedures have been established to make sure that detainees do not have access to information prematurely and are not able to contact anyone outside the facility prior to the transfer. Facility policy 300.02, Offender Intake and Classification Procedures, addresses the requirements of this component in the Releases section.
The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			The IEAs interviewed indicated they are responsible for delivering the forms to detainees.
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			
 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			All medical transfers are coordinated by Field Office staff and would include appropriate medical information prepared by the facility's medical staff.
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	There are no DIHS staff assigned to this facility.
For medical transfers, transporting officers receive instructions regarding medical issues.				The IEAs noted that they would receive special instructions.
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.				
Transfer and documentary procedures outlined in Section C and D are followed.				
Meals are provided when transfers occur during normally schedule meal times.				A sack lunch will be made available, if necessary.
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	\boxtimes			

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REMARKS:

Interviews with two Immigration Enforcement Agents revealed that the deportation officer assigned to a detainee's case is normally responsible for all case management aspects of the transport until the detainee leaves the Field Office's Area of Responsibility.

The IEA's interviewed perform detainee transports for ICE and are aware of the ICE detainee transfer standard and their responsibilities in regard to meeting the requirements of this standard.

(b)(6), (b)(7)c March17, 2011