# Condition of Confinement Inspection Worksheet

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

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



# Performance-Based National Detention Standards Inspection Worksheet for Over 72 Hour Facilities 5-11-09 update

│ Intergovernmental Service Agreement (IGSA)
☐ ICE Service Processing Center (SPC)
☐ ICE Contract Detention Facility (CDF)
Name
LaSalle Detention Facility
Address (Street and Name)
830 Pinehili Road
City, State and Zip Code
Jena, Louisiana 71342
County
LaSalle Parish
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility
Administrator
(b)(6), (b)(7)c <b>Warden</b>
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c Lead Compliance Inspector
Date[s] of Review
From 9/20/2011 to 9/22/2011
Type of Review
☑ Headquarters ☐ Operational ☐ Special Assessment ☐ Other

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

## What is "Performance-Based"?

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

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

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

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

# **Worksheet Overview**

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

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

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

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

# **Worksheet Completion**

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

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

### **Outcome Measures Completion**

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

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

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# **Performance-Based National Detention Standards**

# **Section I SAFETY**

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

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arrise and to minimize their severity.  Components  Page 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PART 1 – 1. EMERGENCY PLANS					
1. No Detainee or detainee groups exercise control or authority over other detaineess. 2. Detainees are protected from:						
authority over other detainees.  2. Detainees are protected from:  Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees  3. Staff is trained to identify signs of detainee unrest. What type of training and how often?  4. Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.  5. There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.  6. Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.  7. All staff receives training in the emergency plans during their orientation training as well as during their annual training.  8. The General Section of the emergency plans discusses alternate routes to the facility or staff to use in the event the primary route is impressable.  9. The plans address the following issues:  Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions  10. Contingency plans include a comprehensive general section with procedures applicable to most emergency stuations, including procedures to handling detainees	Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
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PART 1 = 1: EMERGENCY PLANS							
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ol> <li>Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.</li> </ol>				This component is only applicable for SPCs and CDFs. The facility does have a procedure to notify neighbors in close proximity to the facility.			
<ul> <li>12. The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>				This component is only applicable for SPCs and CDFs. The facility does have cooperative contingency plans with local, state, and federal agencies.			
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility does conduct mock emergency exercises with those agencies with which they share mutual aid agreements.			
All staff receives copies of the Facility Hostage policy and procedures.				This component is only applicable for SPCs and CDFs. The staff does receive a copy of the Facility Hostage Plan during annual training.			
15. Staff is trained to (b)(7)e  (b)(7)e  Within 24 hours after release, hostages are screened for medical and psychological effects.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The staff receives training on (b)(7)e (b)(7)e Hostages are screened by medical staff within 24 hours after their release.			
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility does maintain a list of possible staff translators.			
<ol> <li>Emergency plans include emergency medical treatment for staff and detainees during and after an incident.</li> </ol>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility plans do include medical treatment for staff and detainees.			
The Food Service Department maintains at least 3-days' worth of emergency meals for staff and detainees.				This component is only applicable for SPCs and CDFs. The facility maintains three week's worth of emergency meals for staff and detainees.			

PART 1 = 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for complans to quickly and effectively respond to any emergency	letaine situati	es and em ons that ar	ployee ise an	s by having in place contingency d to minimize their severity.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).				This component is only applicable for SPCs and CDFs. The facility has written plans showing locations of shut-off valves and switches for utilities.	
<ol> <li>Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.</li> </ol>					
<ul> <li>21. (MANDATORY) Written procedures cover:</li> <li>Work/Food Strike</li> <li>Fire</li> <li>Environmental Hazard</li> <li>Detainee Transportation System Emergency</li> <li>ICE-wide Lockdown</li> <li>Staff Work Stoppage</li> <li>Disturbances</li> <li>Escapes</li> <li>Bomb Threats</li> <li>Adverse Weather</li> <li>Internal Searches</li> <li>Facility Evacuation</li> <li>Detainee Transportation System Plan</li> <li>Hostages (Internal)</li> <li>Civil Disturbances</li> </ul>				Facility plans and policy address all bulleted items identified in this component.	
<ol> <li>The Emergency Plans specify a procedure for post- emergency debriefings and discussions.</li> </ol>	$\boxtimes$				
PART 1 - 1 EME	RGEN	CY PLANS	\$ 11 1, 1		
⊠ Meets Standard ☐ Does Not Meet St	andaro	I □ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sour Facility policy and procedure along with personal observation ver Emergency Plans. The facility has written plans showing location is responsible for emergency plans. The facility maintains a compemergencies identified in the PBNDS. A random review of training provided to staff during orientation and in-service training.  (b)(6), (b)(7)c  September:  Reviewer's Signature / Date	rify that as of sho prehens	the facility at-off valves ive set of en	s and so nergen	witches for utilities. The security chief cy plans that address the possible	

· ·	PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
hig	This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	$\boxtimes$			Facility Policy 10.2.1, Environmental Health and Safety, provides written procedures for storing, issuing, and maintaining inventories of hazardous materials.	
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.				Inventories for all flammable, toxic and caustic substances used and stored in the facility were maintained in most areas of the facility. However, there was no constant inventory being maintained in the facility laundry. In the laundry, inventories were being maintained regarding stored chemicals but no inventories were kept regarding the chemicals being used in the daily laundry operation.	
3.	<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>				MSDS files are up-to-date for every hazardous substance used. The facility is compliant with the bulleted items in the component.	
•	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official.	$\boxtimes$			All personnel receive chemical use and control training during orientation and annually during inservice training. This training includes the use of protective equipment and reporting hazards and spills to designated officials.	
5.	The MSDS are readily accessible to staff and detainees in the work areas.	$\boxtimes$			MSDSs were readily available in all areas where toxic and caustic substances were stored.	

PART 1 = 2. ENVIRONMENTAL HEALTH AND SAFETY						
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited.</li> <li>Detainees are trained.</li> <li>Staff always supervises detainees using these substances.</li> </ul>				Hazardous materials are always issued under proper supervision. Quantities issued are limited to the minimum amount needed. Detainees working in areas with hazardous materials receive training. Staff issue any needed hazardous materials to detainees and are present to supervise detainees using these substances.		
<ol> <li>All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.</li> </ol>						
<ol> <li>Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.</li> </ol>						
<ol> <li>All toxic and caustic materials stored in their original containers in a secure area.</li> </ol>				All toxic and caustic materials observed in the facility were stored in their original container in secure areas.		
<ol> <li>Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.</li> </ol>						
11. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				The facility does not use any products containing methyl alcohol.		
<ol> <li>Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.</li> </ol>				Employees in the facility receive training in use and control of chemicals. Detainees working in areas using flammable, toxic, or caustic materials are trained in chemical use and control. The training is in accordance with OSHA standards.		
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	$\boxtimes$			The facility is compliant with current codes, standards, and regulations of NFPA and OSHA. The facility fire safety officer is trained in both NFPA codes and OSHA standards to ensure compliance.		

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY						
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
14. A technically qualified staff member conducts fire and safety inspections.				The fire safety officer conducts fire and safety inspections. The officer is trained in NFPA codes.		
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	$\boxtimes$					
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.				The facility fire prevention, control, and evacuation plan was approved by the District Supervisor of the Louisiana Office of the State Fire Marshall.		
<ul> <li>17. The plan requires:</li> <li>Monthly fire inspections.</li> <li>Fire protection equipment strategically located throughout the facility.</li> <li>Public posting of emergency plan with accessible building/room floor plans.</li> <li>Exit signs and directional arrows.</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>				The Fire Prevention and Evacuation plan addresses all of the bulleted items identified in this component.		
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				Fire drills are conducted quarterly in all areas of the facility. Emergency keys are drawn and timed during each drill.		
19. A sanitation program covers barbering operations.	$\boxtimes$			Facility policy 11.1.4, Bathing and Hair Care for Detainees, contains procedures for a sanitation program relative to barbering operations.		
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.						
21. The sanitation standards are conspicuously posted in the barbershop.						
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.				Facility policy 734, Bio-Hazardous Waste Management, provides written procedure for the handling and disposal of sharps.		
<ol> <li>All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.</li> </ol>	$\boxtimes$					
24. Standard cleaning practices include:         Using specified equipment; cleansers; disinfectants and detergents.         An established schedule of cleaning and follow-up inspections.	$\boxtimes$					

PARI 1-2. ENVIRONMEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	All ISBD a			
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
25. Spill kits are readily available.				Spill kits are available throughout the facility.		
<ol> <li>A licensed medical waste contractor disposes of infectious/bio-hazardous waste.</li> </ol>	$\boxtimes$			Steri-cycle is the licensed contractor for medical waste.		
<ol> <li>Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.</li> </ol>	$\boxtimes$			All staff receives training in Biohazardous Waste Materials during their orientation.		
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?						
<ul> <li>29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventive spraying for indigenous insects.</li> </ul>	$\boxtimes$			The facility has a pest control contract with Orkin that includes monthly inspections and preventive spraying for indigenous insects.		
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				The facility receives its water supply from the town of Jena. Annual tests are conducted and the results are maintained in the maintenance department.		
<ul> <li>31. Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>	$\boxtimes$			Emergency power generators are tested weekly and are load tested monthly. Discrepancies are noted and corrected. Fire suppression systems including the sprinklers are tested quarterly.		
32. The Facility appears clean and well maintained.						
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.				The facility operation does not require it to maintain a hazardous material storage room. All storage cabinets were compliant with the standard for storage of flammables and corrosives.		
<ol> <li>The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.</li> </ol>						
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	×			The Health Services Administrator conducts an inspection of the medical department daily. Inspections are logged and maintained in the medical department.		

PART 1-2 ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	Υ/N	Remarks	
36. The assigned staff member shalt: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	$\boxtimes$			The facility safety officer is responsible for conducting investigations and inspections of environmental health conditions. Results of any investigations and/or inspections are forwarded to the Warden with recommendations to correct any deficiencies.	
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.				The facility safety officer is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program.	
<ul> <li>38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: <ul> <li>American Correctional Association,</li> <li>Occupational Safety and Health Administration,</li> <li>Environmental Protection Agency,</li> <li>Food and Drug Administration,</li> <li>National Fire Protection Association's Life Safety Code, and</li> <li>National Center for Disease Control and Prevention.</li> </ul> </li></ul>				The facility environmental health and safety conditions are maintained at a level that meets the standards of all organizations listed in this component. Staff members in various positions are trained and appeared to be familiar with the standards of the listed organizations to ensure compliance.	
PART 1 – 2. ENVIRONMEN	TAL HE	ALTH AN	D SAF		
☑ Meets Standard   Does Not Meet Standard   N/A    Repeat Finding					

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

The facility has a comprehensive fire and evacuation plan approved by the Louisiana Office of the State Fire Marshal. The facility was last inspected on August 24, 2011, by the Louisiana Office of the State Fire Marshal. There were no deficiencies noted. Fire suppression systems are tested in accordance with applicable NFPA codes. Weekly fire and safety inspections are conducted by the safety officer. Logs were readily available for review in the safety office. Quarterly fire drills are being conducted in all areas of the facility. Emergency keys being drawn and timed are included as part of the drills.

The facility has three barber shops. All shops were compliant with the standard for physical plant and sanitation requirements. The facility has a well established system for storing, issuing, and maintaining inventories of hazardous materials, and toxic and caustic substances. However, the chemical inventory in the facility laundry was not accurate at the time of the inspection. There were chemicals not being properly inventoried. Staff and detainees were properly trained in chemical use and control. The facility was clean and well maintained at the time of the inspection.

(b)(6), (b)(7)c September	<u>22, 2011</u>
Reviewer's Signature / Date	
	(b)(6), (b)(7)c

	PART 1 – 3. TRANSPORTATION (BY LAND)					
equ the	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.  Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				A review of files found all transportation officers have received appropriate training.	
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	$\boxtimes$				
3.	Supervisors maintain records for each vehicle operated.				Records are maintained for vehicles and were randomly checked during the inspection.	
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	$\boxtimes$				
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	$\boxtimes$			A random review of records validated compliance.	
6.	Officers use a checklist during every vehicle inspection.  Officers report deficiencies affecting operability.  Deficiencies are corrected before the vehicle goes back into service.	$\boxtimes$				
7.	<ul> <li>Transporting officers:</li> <li>Limit driving time to 10 hours in any 15 hour period when transporting detainees.</li> <li>Drive only after eight consecutive off-duty hours.</li> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.</li> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.</li> <li>During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit.</li> </ul>				A review of policy and operational procedures occurred as did interviews with the supervisor and a transport officer. All verified that the facility complies with all aspects of this component.	
9.	<ul> <li>(b)(7)e officers with valid Commercial Drivers Licenses, s) required in any vehicle transporting detainees.</li> <li>When buses travel in tandem with detainees, there are (b)(7)e qualified officers per vehicle.</li> <li>An (b)(7)e driver transports an empty vehicle.</li> <li>The transporting officer inspects the vehicle before the</li> </ul>					
٧.	start of each detail.					

PART 1 - 3. TRANSPORTATION (BY LAND)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.					
☐ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
Positive identification of all detainees being transported is confirmed.				Facility policy addresses this requirement. Interviews and observation verified compliance.	
<ol> <li>All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.</li> </ol>					
<ol> <li>The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.</li> </ol>	· -			A random review of records verified that occupancy levels are not exceeded.	
13. All uniformed officers (b)(7)e				This component is only applicable for SPCs and CDFs. (b)(7)e	
<ul> <li>14. The vehicle crew conducts a visual count once al passengers are on board and seated.</li> <li>Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.</li> </ul>					
<ol> <li>Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.</li> </ol>					
<ul> <li>Officers ensure that no one contacts the detainees.</li> <li>(b)(7)e officer remains in the vehicle at all times when detainees are present.</li> </ul>					
<ul> <li>Meals are provided during long distance transfers.</li> <li>The meals meet the minimum dietary standards as identified by dieticians utilized by ICE.</li> </ul>				Bag lunches are provided to detainees for long distance transfers.	
<ul> <li>18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions quality, quantity, thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative.</li> <li>Basins, latrines, and drinking-water, containers dispensers are cleaned and sanitized on a fixed schedule.</li> </ul>					

PART 1 - 3, TRANSPO	ORTAT	ION (BY L	AND)		
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.					
Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is h	andled on	ly by t	he ICE Field Office or Sub-Office	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
19. Vehicles have:			<u> </u>		
(b)(7)e				Facility policy and practice address these requirements.	
20. The vehicles are clean and sanitary at all times.					
<ul> <li>21. Personal property of a detainee transferring to another facility:</li> <li>Is inventoried.</li> <li>Is inspected.</li> </ul>					
Accompanies the detainee.					
<ul> <li>22. The following contingencies are included in the written procedures for vehicle crews:</li> <li>Attack</li> <li>Escape</li> <li>Hostage-taking</li> <li>Detainee sickness</li> <li>Detainee death</li> <li>Vehicle fire</li> <li>Riot</li> <li>Traffic accident</li> <li>Mechanical problems</li> <li>Natural disasters</li> <li>Severe weather</li> <li>Passenger list is not exclusively men or women or minors</li> </ul>				Facility policy addresses all bulleted items identified in this component.	
PART 1 – 3. TRANSPO	DRTAT	ION (BY L	AND)		
☑ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Policy review, personal observation, inspection of vehicles and files as well as staff interviews demonstrated the facility complies with this PBNDS. The facility transports ICE detainees seven days per week.  (b)(6), (b)(7)c  September 22, 2  Reviewer's Signature / Date  (b)(6), (b)(7)c					

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G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

# Performance-Based National Detention Standards

# **Section II SECURITY**

- 4 Admission and Release
- 5 Classification System
- 6 Contraband
- 7 Facility Security and Control
- 8 Funds and Personal Property
- 9 Hold Rooms in Detention Facilities
- 10 Key and Lock Control
- 11 Population Counts
- 12 Post Orders
- 13 Searches of Detainees
- 14 Sexual Abuse and Assault Prevention and Intervention
- 15 Special Management Units
- 16 Staff-Detainee Communication
- **17 Tool Control**
- 18 Use of Force and Restraints

71	PART 2 – 4. ADMISSION AND RELEASE						
	This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.						
	Components	Meets Standard	Does Not Meet Standard	WA	Remarks		
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				IGSAs are only required to have an orientation that includes the detainee handbook. The other requirements of this component are only applicable to SPCs and CDFs. The admission process includes the detainees viewing an orientation video which describes all the areas cited in this component. Handbooks are also issued to each detainee.		
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.				Medical personnel conduct all initial medical screenings.		
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	$\boxtimes$			The portion of this component requiring new detainees to be segregated from the general population during the orientation and classification period is specific to SPCs and CDFs. The facility provides physical separation during a detainee's orientation and classification period.		
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.						
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.				The section of this component that requires all strip searches to be documented on G-1025, or equivalent, with proper supervisory approval is specific to SPCs and CDFs. Strip searches are not conducted as part of routine policy; However, when reasonable suspicion has been established and authorization has been received, a strip search may be performed.		

	PART 2 – 4. ADMISSION AND RELEASE						
	s Detention Standard protects the community, detainee erly operations when detainees are admitted to or relea				contractors by ensuring secure and		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.						
7.	Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	$\boxtimes$					
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.						
9.	All releases are coordinated with ICE.			M	This component is only applicable for SPCs and CDFs. However, all releases are coordinated with ICE personnel.		
10.	Staff completes paperwork/forms for release as required.						
11.	Each detainee receives a receipt for personal property secured by the facility.						
12.	The facility has a system to maintain accurate records and documentation for admission, orientation, and release.						
13.	ICE staff enters all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.			$\boxtimes$	This component is only applicable for SPCs and CDFs. However, ICE personnel enter required information into EADM in a manner consistent with the standard.		
14.	All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.						
	PART 2 – 4. ADMIS	SION A	ND RELE	ASE			
Meets Standard							
Remarks: (Record significant facts, observations, other sources used, etc.)  The admission and release process is conducted using a professional format. Upon arrival, all detainees are subject to a pat-down search. Detainees view an orientation video and receive a detainee handbook prior to completion of the admission process.  Detainees are issued appropriate clothing upon arrival.							
	inees are released in a manner consistent with the standard.						
(b)(6)	(b)(7)c September 22, 201 ewer's Signature / Date (b)(6), (b)(7)c						

PART 2 - 5. CLASSIFICATION SYSTEM						
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				The portion of this component requiring the facility use the required Objective Classification System is specific to SPCs and CDFs. However, an Objective Classification System is used.		
The facility classification system includes:						
<ul> <li>Classifying detainees upon arrival.</li> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> <li>The first-line supervisor or designated classification specialist reviews every classification.</li> </ul>				All detainees are classified upon their arrival to the facility. Each detainee receives a classification level score of one, two, or three. All classification decisions are reviewed by supervisory staff.		
decision.				leviewed by supervisory staff.		
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	$\boxtimes$	:				
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	$\boxtimes$					
Housing assignments are based on classification-level.	$\boxtimes$			Detainees that are classified as level three (maximum) are housed separately from detainees classified as level one.		
A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	$\boxtimes$					
Detainee work assignments are based upon classification designations.						
The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.				The section of this component requiring subsequent reassessments to be completed at 90 day to 120 day intervals is specific to SPCs and CDFs. Routine reassessments are initially completed between 45 and 60 days. Additional reassessments are completed thereafter as required. Special reassessments are completed as required.		
Ì	Special contributes to orderly facility operations, by requiring a featness that is based on verifiable and documented data components  Components  SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.  The facility classification system includes:  Classifying detainees upon arrival.  Separating individuals who cannot be classified upon arrival from the general population.  The first-line supervisor or designated classification specialist reviews every classification decision.  The intake/processing officer reviews work-folders, Afiles, etc., to identify and classify each new arrival.  Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.  Housing assignments are based on classification-level.  A detainee's classification-level does not affect his or 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. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.  The facility classification system includes:  Classifying detainees upon arrival.  Separating individuals who cannot be classified upon arrival from the general population.  The first-line supervisor or designated classification specialist reviews every classification decision.  The intake/processing officer reviews work-folders, Afiles, etc., to identify and classify each new arrival.  Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.  Housing assignments are based on classification level.	S Detention Standard protects the detainees, staff, contractors, volunte itributes to orderly facility operations, by requiring a formal classification ainces that is based on verifiable and documented data.  Components  SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.  The facility classification system includes:  Classifying detainees upon arrival.  Separating individuals who cannot be classified upon arrival from the general population.  The first-line supervisor or designated classification specialist reviews every classification decision.  The intake/processing officer reviews work-folders, Afiles, etc., to identify and classify each new arrival.  Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.  Housing assignments are based on classification-level.  A detainee's classification-level does not affect his or 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. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classified upon arrival for first-line supervisor or designated classification specialist reviews every classification decision.  The first-line supervisor or designated classification specialist reviews every classification decision.  The intake/processing officer reviews work-folders, Afiles, etc., to identify and classify each new arrival.  Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.  Housing assignments are based on classification level.  A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.  The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special		

PART 2 - 5. CLASSIFICATION SYSTEM						
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				The section of this component that indicates that only a designated supervisor or classification specialist to have the authority to reduce a classification-level on appeal is specific to SPCs and CDFs. Supervisory approval is required to reduce a classification level on appeal.		
Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	$\boxtimes$			The portion of this component requiring classification appeals to be resolved in five business days is specific to SPCs and CDFs. Current operational practice is to resolve any appeals within five business days as was supported by documentation. Notification is made as required.		
<ol> <li>Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.</li> </ol>			$\boxtimes$	This component is only applicable for SPCs and CDFs. However, a classification designation may be appealed to the Warden.		
<ol> <li>The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.</li> </ol>						
In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.				The section of this component requiring detainees to be assigned color-coded uniforms and IDs to reflect classification levels is specific to SPCs and CDFs. Color-coded uniforms and detainee identification cards are used to reflect each classification level.		
PART 2 – 5. CLASS	IFICAT	ION SYST	EM			
☑ Meets Standard   □ Does Not Meet Standard   □ N/A   □ Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.) All detainees admitted to the facility are classified based on an objective classification system. The classification scoring instrument is placed in the detainee's file. Only factual and reliable information is used to determine the custody level of a detainee. Reassessments are completed on each detainee after 45 days and continue at set intervals during the detainees stay.						
Detainees classified as level one are housed separately from deta	inees cla	issified as l	evel th	ree.		
September 22, 2 Reviewer's Signature / Date (b)(6), (b)(7)c						

PART 2 = 6. CONTRABAND							
	s Detention Standard protects detainees and staff and acting, controlling, and properly disposing of contraban		ices facility	y secu	rity and good order by identifying,		
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.				The portion of this component requirement for staff to inventory, hold, and report contraband to the proper authority for action/possible seizure is specific to SPCs and CDFs. The facility does follow written procedures regarding the handling of contraband, which is inventoried and reported to proper authorities.		
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Contraband is retained as evidence.		
3.	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. The facility has written procedures addressing the return of property not needed as evidence.		
4.	Altered property is destroyed following documentation and using established procedures.	$\boxtimes$					
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.				This component is only applicable for SPCs and CDFs. The facility does contact a religious authority before confiscating religious items.		
6.	Staff follows written procedures when destroying hard contraband that is illegal.	$\boxtimes$					
7.	<ul> <li>Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes.</li> <li>If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.</li> </ul>	$\boxtimes$			The sections of the component that require hard contraband that is illegal (under criminal statutes) is retained, be secured when not in use and be used under specific written		
	<ul> <li>Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property.</li> </ul>		•		procedures is specific to SPCs and CDFs. Hard contraband is retained and used for official use.		
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	$\boxtimes$			The detainee handbook addresses contraband.		
9.	Facilities with Canine Units only use them for contraband detection.	$\boxtimes$					
	PART 2 – 6. C	ONTR	ABAND				

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

A review of policy, personal observation and staff interviews demonstrated that the facility complies with the PBNDS regarding Contraband. The facility does follow written procedures regarding the handling of contraband, which is inventoried and reported to proper authorities. The facility has written procedures addressing the return of property not needed as evidence. The detainee handbook addresses contraband. Searches occur on a regular basis and very little contraband is discovered at the facility.

(b)(6), (b)(7)c	/ September 22, 2011
Reviewer's Signa	ture / F
	(b)(6), (b)(7)c

	PART 2 – 7. FACILITY SECURITY AND CONTROL					
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Rémarks	
dep	e facility administrator or assistant administrator and partment heads visit detainee living quarters and livity areas weekly.					
whe	least one male and one female staff are on duty ere both males and females are housed.	$\boxtimes$				
staf	mprehensive annual staffing analysis determines ffing needs and plans.	$\boxtimes$				
pers	sential posts and positions are filled with qualified sonnel.	$\boxtimes$				
trair	ery Control Center officer receives specialized ning.				A review of policy and staff interviews demonstrated specialized training is provided.	
	icy restricts staff access to the Control Center.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility does restrict access to the Control Center.	
7. Det	tainees do not have access to the Control Center.				This component is only applicable for SPCs and CDFs. Detainees are restricted from the Control Center.	
8. Cor	mmunications are centralized in the Control Center.				This component is only applicable for SPCs and CDFs. Communications are centralized in the Control Center.	
coo	cility security and safety will be monitored and ordinated by a secure, well-equipped, and natinuously staffed control center.	$\boxtimes$				
Car	e Control Center maintain employee Personal Data rds (Form G-74 or contract equivalent).				This component is only applicable for SPCs and CDFs. Employee personal data is maintained in the (b)(7)e	
nun	call lists include the current home telephone mber of each employee. Phone numbers are dated as needed.				This component is only applicable for SPCs and CDFs. Personal home phone numbers are retrained and updated.	
and	aff makes watch calls (b)(7)e between 6 PM d 6 AM.				This component is only applicable for SPCs and CDFs. Staff conducts watch calls (b)(7)e	
situ	ormation about routine procedures, emergency uations, and unusual incidents will be continually corded in permanent post logs and shift reports.					
	e front-entrance officer checks the ID of everyone tering or exiting the facility.				Policy requires and personal observation demonstrated that the identification of anyone entering or exiting the facility is checked.	

PART 2 – 7. FACILITY SECURITY AND CONTROL  This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring							
that facility security is maintained and that events that pose a risk of harm are prevented.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ol> <li>All visits officially recorded in a visitor logbook or electronically recorded.</li> </ol>							
<ol><li>The facility has a secure, color-coded visitor pass system.</li></ol>							
17. Officers monitor all vehicular traffic entering and leaving the facility.				The requirement to monitor vehicles leaving the facility is specific to SPCs and CDFs. All vehicles are monitored entering and leaving.			
<ul> <li>18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:</li> <li>The driver's name</li> </ul>							
<ul> <li>Company represented</li> <li>Vehicle contents</li> <li>Delivery date and time</li> </ul>	$\boxtimes$			Facility policy and a random check of logs demonstrated compliance with the requirements of this component.			
<ul> <li>Date and time out</li> <li>Vehicle license number</li> <li>Name of employee responsible for the vehicle during the facility visit</li> </ul>	:			vomponom.			
19. Officers thoroughly search each vehicle entering and leaving the facility.			$\boxtimes$	This component is only applicable for SPCs and CDFs. All vehicles are searched prior to entering or leaving facility.			
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$			"			
<ol> <li>The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.</li> </ol>							
<ol> <li>The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.</li> </ol>	$\boxtimes$						
23. Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$			Facility policy and procedures address this requirement.			
24. Housing area searches occur at irregular times.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Housing areas are searched on an irregular basis.			
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	$\boxtimes$						
26. There are post orders for every security officer post.	$\boxtimes$						

PART 2 - 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	ΨN	Remarks		
Detainee movement from one area to another area is controlled by staff.	$\boxtimes$			Facility policy and observation demonstrate compliance with this requirement.		
<ol> <li>Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.</li> </ol>	$\boxtimes$					
<ol><li>Every search of the SMU and other housing units is documented.</li></ol>	$\boxtimes$					
30. The SMU entrance has a sally port.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The SMU entrance has a sally port.		
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	$\boxtimes$					
<ul> <li>32. The facility has a comprehensive security inspection policy. The policy specifies:</li> <li>Posts to be inspected</li> <li>Required inspection forms</li> <li>Frequency of inspections</li> <li>Guidelines for checking security features</li> <li>Procedures for reporting weak spots, inconsistencies, and other areas needing improvement</li> </ul>				IGSAs are only required to have a comprehensive security inspection policy. The bulleted sections of this component are only applicable to SPCs and CDFs. The facility does have a comprehensive security policy which addresses all bulleted items.		
<ol> <li>Every officer is required to conduct a security check of his/her assigned area. The results are documented.</li> </ol>				This component is only applicable for SPCs and CDFs. Each officer conducts a security check of his/her respective post.		
34. Documentation of security inspections is kept on file.	$\boxtimes$					
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				This component is only applicable for SPCs and CDFs. Recurring problems are reported.		
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.						
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	$\boxtimes$					
<ol> <li>Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.</li> </ol>						
<ul> <li>39. Daily procedures include:</li> <li>Perimeter alarm system tests.</li> <li>Physical checks of the perimeter fence.</li> <li>Documenting the results.</li> </ul>				Facility policy addresses the requirements of this component and staff interviews confirmed regular perimeter fence checks do occur.		

PART 2 – 7. FACILITY SI	CURIT	Y AND CO	ONTR	Olizania de la composición del composición de la composición de la composición del composición del composición de la composición del composición del composición de la composición del composición del composición del composición del composición del composición del c			
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
40. Visitation areas receive frequent, irregular inspections.							
<ol> <li>An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.</li> </ol>	$\boxtimes$						
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	$\boxtimes$						
FACILITY SECURI	TY ANI	CONTRO	)L				
⊠ Meets Standard □ Does Not Meet St	andard	□ N/A	· · · ·	☐Repeat Finding			
Remarks: (Record significant facts, observations, other sources used, etc.) Policy review, file review, personal observation and staff interviews demonstrated that the facility complies with the PBNDS regarding Facility Security and Control. Housing areas are searched on an irregular basis. All vehicles entering and leaving the facility are searched. Policy requires and this inspector observed that the identification of anyone entering or exiting the facility is checked. Facility policy requires daily checks of the perimeter alarm and fence which are documented and were reviewed during the inspection  (b)(6), (b)(7)c  Sep Reviewer's Signature /							

	PART 2 - 8, FUNDS AND PERSONAL PROPERTY						
incli faci	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.  Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.				Detainee funds and valuables are separated and inventoried during the intake process. (b)(7)e		
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	$\boxtimes$					
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	⊠			Staff search and inventory detainee property in the intake area of the facility. All property inventoried is documented on the detainee subject profile form. The detainee is present while his/her property is being inventoried. The detainee is required to sign the completed inventory sheet to verify its accuracy.		
4 (t	officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)e officers verify funds and valuables.			$\boxtimes$	This component is only applicable for SPCs and CDFs. There are (b)(7)e officers present during the processing of detainee funds and valuables (b)(7)e officers conduct the inventory and the detainee signs the property inventory form to verify its accuracy.		
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?				Detainee property inventoried is documented on the detainee subject profile form which is compliant with the ICE standard.		
6.	Staff gives the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The detainee is given a copy of his/her property form and a copy is placed in the detainee's personal property bag.		
7.	Staff forwards an arriving detainee's medicine to the medical staff.	$\boxtimes$					
8.	Staff searches arriving detainees and their personal property for contraband.	$\boxtimes$					

PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.  Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Property discrepancies are forwarded to the Chief of Security.
	Staff follows written procedures when returning property to detainees.	$\boxtimes$			Facility policy 12.1.2, Detainee Trust Funds and Personal Property, provides written procedures on returning property to detainees.
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	$\boxtimes$			The facility procedures are similar to the ICE standard. The facility uses Form I-387, Missing Property Form, to report missing detainee property.
12.	<ul> <li>The facility attempts to notify an out-processed detainee that he/she left property in the facility.</li> <li>By sending written notice to the detainee's last known address; via certified mail;</li> <li>The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>				The facility forwards all property left behind by detainees to the forwarding address given by the detainee during intake. If the address is not accurate, the property is kept for 30 days and then turned over to ICE for disposition.
13.	Staff obtains a forwarding address from each detainee.	$\boxtimes$			Staff obtains a forwarding address from each detainee during the intake process.
14.	It is standard procedure for two officers to be present when removing/documenting the removal of funds from a detainee's possession.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility does require two officers to be present when removing funds from a detainee's possession.
	Staff issue and maintain property receipts (G-589s) in numerical order.				This component is only applicable for SPCs and CDFs. The facility property inventories are maintained on the detainee subject profile form, which is kept in numerical order.
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				This component is only applicable for SPCs and CDFs. The facility property inventories are maintained on the detainee subject profile form. They are distributed in compliance with the ICE standard.

PART 2 - 8 FUNDS AND PERSONAL PROPERTY					
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.					
☐ Standard NA: (IGSA ONLY) Check this box if all IC handled only by the ICE Field Office or Sub-Office in	E deta	inee Fund of the det	s, Val ainee	uables and Property are case.	
Components	Meets Standard	Does Not Meet Standard	<b>N</b>	Remarks	
17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The property officer records each detainee subject profile in a logbook maintained in the property room. The record includes the signatures of both officers conducting the inventory of the property.	
18. Staff tags large valuables with both a G-589 and an I-77.				This component is only applicable for SPCs and CDFs. The facility does use the I-77 form to tag detainee property bags.	
19. The supervisor verifies the accuracy of every G-589.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility has two officers verify the detainee property inventories. However, the supervisor does not verify every detainee property inventory.	
<ul> <li>20. The supervisor ensures that:</li> <li>Detainee funds are, without exception, deposited into the cash box;</li> <li>Every property envelope is sealed.</li> <li>All sealed property envelopes are placed in the safe.</li> <li>Large, valuable property is kept in the secured locked area.</li> </ul>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility intake lieutenant ensures that the facility is compliant with all requirements of the bulleted items.	
<ol> <li>Staff tags every baggage/facility container with an I- 77, completed in accordance with the ICE standard.</li> </ol>				This component is only applicable for SPCs and CDFs. The facility does tag every property bag with an I-77 in accordance with the ICE standard.	
22. Staff secures every container used to store property with a tamper-proof numbered strap.				This component is only applicable for SPCs and CDFs. The facility does use tamper-proof numbered straps to secure property bags.	

PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.  Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	ΝΆ	Remarks	
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility intake and property officer do record the detainee name, Anumber, I-77 number, security tie strap number, property description, date issued, and date returned on the detainee subject profile form.	
<ol> <li>In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.</li> </ol>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility is not a SPC.	
25. The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.				This component is only applicable for SPCs and CDFs. The facility does conduct quarterly audits of all property bags and documents the audits.	
26. The facility positively identifies every detainee being released or transferred.				This component is only applicable for SPCs and CDFs. The facility does positively identify every detainee being released or transferred through the use of biometric finger print scans.	
27. Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.				The section of this component requiring staff to routinely inform supervisors of lost/damaged property claims is specific to SPCs and CDFs. The facility investigates all missing or damaged property claims and supervisors are informed. I-387 forms for missing property are given to detainees to place a formal missing property claim.	
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file. PART 2 - 8. FUNDS AND				This component is only applicable for SPCs and CDFs. Staff at the facility complete lost/damaged property reports in accordance with ICE standards. The Warden receives a copy, the original is placed in the detainee's A-file, and a copy is placed in the detainee's detention file.	

⊠ Meets Standard	☐ Does Not I	leet Standard	□ N/A	Repeat Finding			
property. The inventory process of a for the inventorying of the property. placed in a secure bag. At the conclusion	em in place to ensur detainee's property Property was itemiz sion of the inventor safe located in the in	re the proper involves observed during the detains on the detains on, the inventory take area. The p	entory and safe ring intake. (b) see subject profi was signed by	e keeping of detainee funds and personal (7)eofficers and the detainee were present ile form. Valuables were separated and b)(7)eofficers present and the detainee, as sealed with a numbered security strap			
Detainee property is securely stored in the property room pending the detainee's release or transfer. Quarterly audits are conducted to ensure property accountability.							
The facility makes every attempt to f is held at the facility for 30 days and				e. If they are unable to do so, the property			
(b)(6), (b)(7)c September 22, 2	011						
Reviewer's Signatur (b)(6), (							

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
The hold room is situated in a location within the secure perimeter.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Hold rooms are within the secure perimeter.		
The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.				The portion of this component requiring hold rooms be well ventilated, well lit, and that all activating switches are located outside the room is specific to SPCs and CDFs. Hold rooms were clean and in good repair at the time of the inspection. They are well ventilated and lit with all switches located outside the room.		
<ol><li>The hold rooms contain sufficient seating for the number of detainees held.</li></ol>				This component is only applicable for SPCs and CDFs. All hold rooms have sufficient seating.		
<ol> <li>No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.</li> </ol>				This component is only applicable for SPCs and CDFs. The facility has no make shift bunks, cots, or beds in the hold rooms.		
<ol> <li>Hold room walls and ceilings are escape and tamper resistant.</li> </ol>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The hold room walls and ceilings appear escape and tamper resistant.		
6. Detainees are not held in hold rooms for more than 12 hours.						
<ol><li>Male and females detainees are segregated from each other at all times.</li></ol>						
<ol> <li>Detainees are provided with basic personal hygiene items such as water, soap, tollet paper, cups for water, feminine hygiene items, diapers and wipes.</li> </ol>						
<ol> <li>If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.</li> </ol>	$\square$			Facility hold rooms are equipped with toilets and staff supervises hold rooms directly.		
<ol> <li>All detainees are given a pat down search for weapons or contraband before being placed in the hold room.</li> </ol>	$\boxtimes$					
<ul> <li>11. When the last detainee has been removed, the hold room is inspected for the following:</li> <li>Cleaning.</li> <li>Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.</li> </ul>				Facility policy and procedure address the requirements of this component.		

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
<ul> <li>12. (MANDATORY) There is a written evacuation plan.</li> <li>There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.</li> </ul>				The section of this component requiring the written evacuation plan designate an officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency is specific to SPCs and CDFs. The written evacuation plan does identify a designated officer to remove detainees in case of emergency.		
<ol> <li>An appropriate emergency service is called immediately upon a determination that a medical emergency exists.</li> </ol>						
<ul> <li>14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area).</li> <li>If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee.</li> </ul>				This component is only applicable for SPCs and CDFs. Although this component is not required for IGSAs, the facility is in compliance with all requirements outlined in component.		
<ul> <li>15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are:         <ul> <li>Compliant with the American Disabilities Act.</li> <li>Small hold rooms (1 to 14 detainees) have at least one combi-unit.</li> <li>Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.</li> </ul> </li> </ul>				This component is only applicable for SPCs and CDFs. The hold rooms have combination lavatory/toilet fixtures which meet the specifications identified in this component.		
16. In SPCs designed after 1998 the hold rooms have floor drain(s).				This component is only applicable for SPCs and CDFs. The facility hold rooms have floor drains.		
<ol> <li>In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.</li> </ol>				This component is only applicable for SPCs and CDFs. Hold room doors swing outward and comply with specifications outlined in standard.		
<ol> <li>Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.</li> </ol>		. 🗆				
<ol> <li>Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.</li> </ol>	$\boxtimes$					

PART 2 = 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Room's pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell.      The log includes the required information specified in the standard.				The portion of this component that requires the log to include the required information specified in the standard is specific to SPCs and CDFs. The facility logs all required information for each detainee placed in a hold cell.		
<ul> <li>21. Officers provide a meal to any detainee detained in a hold room for more than six hours.</li> <li>Juveniles, babies and pregnant women have access to snacks, milk or juice.</li> <li>Meal are served to juveniles regardless of time in custody</li> </ul>						
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	Ø					
23. The maximum occupancy for the hold room will be posted.						
<ol> <li>Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.</li> </ol>						
<ol> <li>Staff does not permit detainees to smoke in a hold room.</li> </ol>				The entire facility is smoke free.		
<ul> <li>Officers closely supervise hold rooms through direct supervision, to ensure:         <ul> <li>Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and</li> <li>Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments."</li> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul> </li> </ul>						
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
☑ Meets Standard  ☐ Does Not Meet Standard  ☐ N/A						
Remarks: (Record significant facts, observations, other sources used, etc.)  Policy, procedure, staff interviews and personal observation confirm that the facility complies with the PBNDS regarding Hold Rooms in Detention Facilities. Hold rooms are appropriate in size, used on a short-term basis, and inspected regularly.  (b)(6), (b)(7)c  September 2  Reviewer's Signature / Date						

PART 2-10. KEY AND LOCK CONTROL							
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.				The facility has a designated key control officer who received proper training from an approved locksmith training program.		
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	$\boxtimes$					
3.	The security officer, or equivalent, provides training to all employees in key and lock control.				Random training files were checked to ensure training was being conducted.		
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	$\boxtimes$			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			The key control officer works with the maintenance department and maintains a facility preventive maintenance program.		
6.	Facility policies and procedures address the issue of compromised keys and locks.						
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.						
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$					
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	$\boxtimes$					
10.	The facility does not use grand master keying systems.						
11.	All worn or discarded keys and locks cut up and properly disposed of.	$\boxtimes$					
	Padlocks and/or chains are not used on cell doors.				Personal observation found no padlocks or chains on cell doors.		
13.	<ul> <li>The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to</li> <li>Occupational Safety and Environmental Health Manual, Chapter 3</li> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>						
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.						

This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15.	Procedures in place to ensure that key rings are:  Identifiable  Numbers of keys on the ring are cited?  Keys cannot be removed from issued key rings				
	Emergency keys are available for all areas of the facility.	$\boxtimes$			The facility maintains b)(7) sets of emergency keys with b)(7) set remaining in (b)(7)e
17.	The facility uses a key accountability system.	$\boxtimes$			
18.	Authorization is necessary to issue any restricted key.	$\boxtimes$			Facility policy requires authorization by the shift supervisor or above to draw restricted keys.
19.	<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>	×			
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	×			The requirement for the keys to be physically counted daily is specific to SPCs and CDFs. The keys are counted daily at this facility. The facility has key accountability policy and procedure.
	<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>				The bulleted items in this component are only required for SPCs and CDFs. The facility complies with all actions listed in the bulleted items. All staff members are trained and held accountable for adhering to proper procedures for the handling of keys.
	Locks and locking devices are continually inspected, maintained, and inventoried.				
	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	$\boxtimes$			
24.	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.				This component is only applicable for SPCs and CDFs. Facility policy only allows the key control officer to make changes to key rings.

PART 2 – 10. KEY A This Detention Standard maintains facility safety and secur maintained.	s father than is	and the second		and locks be properly controlled and	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
25. The splitting of key rings into separate rings is not authorized.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility policy and procedure do not allow for the splitting of key rings.	
	andard	I 🔲 N/A	· ·	☐Repeat Finding	
Meets Standard Does Not Meet Standard N/A Repeat Finding  Remarks: (Record significant facts, observations, other sources used, etc.)  Policy review, personal observation and staff interviews demonstrate that the facility complies with the PBNDS regarding Key and Lock Control. The facility has a designated key control officer who received proper training from an approved locksmith training program. The keys are counted daily at this facility. The facility has key accountability policy and procedure. Facility policy only allows the key control officer to make changes to key rings. Overall, key Control is well managed at the facility.  (b)(6), (b)(7)c September 22, 2011  Reviewer's Signature / Date					

(b)(7)e

PART 2 – 11. POP	ULATIO	DN COUN.	rs		
This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>Staff conducts a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.</li> </ol>	$\boxtimes$			The facility has five formal counts per day.	
<ol><li>Activities cease or are strictly controlled while a formal count is being conducted.</li></ol>				This component is only applicable for SPCs and CDFs. The facility controls movement during count.	
There is a system for counting each detainee, including those who are outside the housing unit.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility has a system for counting all detainees both inside and outside the unit.	
4. Formal counts in all units take place simultaneously.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Policy and practice requires all counts to take place simultaneously.	
Officers do not allow detainee participation in the count.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Detainees are not allowed to participate in counts.	
A face-to-photo count follows each unsuccessful recount.				This component is only applicable for SPCs and CDFs. A face-to-photo count follows each unsuccessful count.	
<ol> <li>Officers positively identify each detainee before counting him/her as present.</li> </ol>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility requires that each detainee is positively identified before counting him/her as present.	
<ol><li>Written procedures cover informal and emergency counts.</li></ol>					
<ol><li>The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.</li></ol>					
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	$\boxtimes$			A random review of training records verified that staff receives initial and in-service training on counts.	
PART 2 – 11. POP	ULATIO	ON COUN.	TS		
☑ Meets Standard ☐ Does Not Meet St	andard	I 🗌 N/A	١	☐Repeat Finding	

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

A review of policy and procedure, staff interviews and personal observation verifies that the facility complies with the PBNDS regarding Key and Lock Control. Population counts were observed by the review team and operational practice was consistent with both the policy and standard. The facility requires that each detainee is positively identified before counting him/her as present. The facility controls movement during count. A random review of training records verified that staff receives initial and in-service training on counts.

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PART 2-12 POST ORDERS						
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
Components	Meets	Standard	Does Not Meet Standard	N/A	Remarks	
Every fixed post has a set of Post Orders.		3			All fixed posts have a set of Post Orders.	
<ol> <li>In SPCs and CDFs, Post Orders are arrar required six-part folder format.</li> </ol>				$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility Post Orders are arranged in a sixpart folder format.	
<ol> <li>Each set contains the latest inserts (ememoranda, etc.) and revisions.</li> </ol>		3				
<ol> <li>One individual or department is response keeping all Post Orders current with revision place between reviews.</li> </ol>		3			The Chief of Security is responsible for keeping all Post Orders current.	
<ol><li>Review, updating, and reissuing of Post Ord regularly and at least annually.</li></ol>	lers occurs	4			A yearly review is conducted by the Chief of Security.	
<ol><li>The facility administrator authorizes all F changes.</li></ol>		₫				
<ol> <li>The facility administrator has signed and da page of every section.</li> </ol>				$\boxtimes$	This component is only applicable for SPCs and CDFs. The Warden's signature is on the last page of all Post Orders.	
8. A Post Orders master file is available to all	staff.	<b>a</b>			,	
<ol><li>Procedures keep Post Orders and logboo from detainees at all times.</li></ol>					All Post Orders reviewed were kept in secured areas away from detainees.	
<ol> <li>Copies of the applicable Post Orders are the post only if secure from detainee access</li> </ol>	retained at ss.	₫				
Supervisors ensure that officers understant Orders, regardless of whether the assistemporary, permanent, or due to an emergence.	gnment is 📗 🔽	3			A review of the Post Orders throughout the facility showed Supervisors were signing the Post Orders.	
12. In SPCs and CDFs, each time an officer different post assignment, he or she is r read, sign, and date those Post Orders to i or she has read and understands them.	equired to ndicate he				This component is only applicable for SPCs and CDFs. A review of the facility Post Orders showed that staff were reviewing and signing the Post Orders daily.	
<ol> <li>Anyone assigned to an armed post qualific post weapons before assuming post duty.</li> </ol>	es with the				Only staff qualified in the use of firearms are assigned to armed posts.  (b)(7)e	

PART 2 – 12. F	PART 2 - 12. POST ORDERS					
	This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
<ul> <li>14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:</li> <li>Any staff member who is taken hostage is considered to be under duress, and</li> <li>Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.</li> </ul>				Post Orders for armed posts and posts that control access to the institution include the information required by this component.		
15. Post Orders for armed posts provide instructions for escape attempts.						
16. The Post Orders for housing units track the daily event schedule.				This component is only applicable for SPCs and CDFs. Post Orders in the facility include a daily event schedule.		
Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.				This component is only applicable for SPCs and CDFs. The facility's housing unit logs did record all detainee activity.		
PART 2 = 12. F	POST	RDERS				
⊠ Meets Standard ☐ Does Not Meet St	andard	I □ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.)  The facility's Post Orders were well organized and were maintained in six-part section folders in accordance with ICE standards. Post Orders are reviewed regularly by the Major of Security. Staff were well-versed on the contents of the Post Orders. All Post Orders are kept secured and are inaccessible to detainees. Officers and supervisor signatures were present on Post Orders reviewed.  (b)(6), (b)(7)c  Septemb  Reviewer's Signature / Da  (b)(6), (b)(7)c						

PART 2 – 13. SEAF						
This Detention Standard protects detainees and staff a controlling, and properly disposing of contraband.	and enha	nces facili	ly sec	urity and good order by detecting,		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
There are written policy and procedures governing searches of housing areas, work areas and oderainees.				The facility maintains a comprehensive policy addressing searches of detainees.		
<ol> <li>Written policy and procedures require staff to employ the least intrusive method of body search practicable as indicated by the type of contraband and the method of suspected introduction or concealment.</li> </ol>	, 🖂					
<ol> <li>Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.</li> </ol>						
<ol> <li>Written policy and procedures require staff to leave a searched housing area, work area and detained property in its original order, to the extent practicable</li> </ol>	e   🛛					
<ol><li>Detainees are pat searched and screened by meta detectors routinely to control contraband.</li></ol>						
Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	e r			Strip searches are only considered when reasonable suspicion has been established that the detainee may be in possession of contraband. Staff reported that one strip search has been conducted in the past 12 months. Documentation was reviewed and procedures were in compliance with the standard.		
7. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	y   f   🗵					
"Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures	ή l 🖂			Staff reported a dry cell had not been used in the past 12 months.		
<ol> <li>Contraband that may be evidence in connection with violation of a criminal statute is preserved, inventoried controlled, and stored so as to maintain and documen the chain of custody.</li> </ol>	I,   🖂					
10. Canines are not used in the presence of detainees	10. Canines are not used in the presence of detainees   Canines are not used at the facility under any condition.					
PART 2 – 13. SEAF	CHES C	F DETAIN	IEES			
	Standard	I N/A		☐Repeat Finding		

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

The facility has developed a comprehensive policy addressing the issues of searches. Facility policy, staff interviews, and logbooks were reviewed to determine compliance. Canines are not used at the facility under any condition.

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ar	This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
	Components	Meets 6	Does Not Meet Standard on	use ar	no assaur. Remarks		
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.				The facility has a sexual abuse and assault prevention and intervention program as outlined in policy.		
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.			$\boxtimes$	This component is only applicable for SPCs and CDFs. There is written documentation present regarding the approval by the ICE FOD of the Sexual Abuse and Assault prevention and intervention program of this facility.		
3.	Tracking statistics and reports are readily available for review by the inspectors.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility made its reporting system available for review. Information regarding a staff sexual assault of a detainee that occurred in December 2010 was reviewed.		
4.	All staff is trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	$\boxtimes$			Staff training regarding sexual abuse and assault was confirmed by a review of both correctional and medical staff training records.		
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).				A review of both the facility handbook, as well as the ICE National Detainee Handbook, describes the Sexual Abuse/Assault program. Both handbooks are available in English and Spanish.		
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.				The Sexual Assault Awareness Posting was observed on bulletin boards within housing units.		
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)			$\boxtimes$	This component is only applicable for SPCs and CDFs. Sexual Assault Awareness Information is included in the facility detainee handbook.		
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.				Medical policy #816 requires healthcare staff to screen all detainees during intake for sexual assault risk. A medical chart review revealed the practice is being completed.		
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	$\boxtimes$			The facility reported no sexual abuse or assaults by a detainee on a detainee in the last 12 months.		

PART 2-14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION  This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
All incidents or allegations of sexual abuse or assau by staff on a detainee have been documented in the past year.	ne 🖂			Due to pending litigation, access to documentation of a sexual assault by staff member on a detainee was restricted.	
There is prompt and effective intervention when a detainee is sexually abused or assaulted and policand procedures for required chain-of-commar reporting.	cy			Facility policy 10.1.1 directs correctional staff, and medical policy #816 directs medical staff to provide prompt and effective intervention. Training records of both correctional and medical staff reflected orientation and annual training regarding sexual assault/abuse.	
When there is an alleged sexual assault, staff condu a thorough investigation, gather and mainta evidence, and make referrals to appropriate la enforcement agencies for possible prosecution.	in 🖂			The facility policy requires that a thorough investigation be completed.	
<ol> <li>When there is an alleged or proven sexual assault, the required notifications are promptly made.</li> </ol>	ne 🗵			The facility policy requires that prompt notifications be completed.	
Victims of sexual abuse or assault are referred specialized community resources for treatment are gathering of evidence.				Per discussion with the Health Service Administrator (HAS), the detainee who was sexually assaulted was examined by medical staff and then promptly referred to an outside facility for an in-depth medical evaluation.	
15. All records associated with claims of sexual abuse assault is maintained, and such incidents a specifically logged and tracked by a designated sta coordinator.	re			Per the Warden of the facility, due to pending litigation, access to information and records are limited at this time. However, all incidents are logged and tracked by the staff coordinator.	
SEXUAL ABUSE AND ASSAUL	T PREVEN	ITION AN	D INT	ERVENTION	
Meets Standard					
Remarks: (Record significant facts, observations, other sources used, etc.) There are appropriate facility and medical policies and procedures regarding sexual abuse and assault prevention and intervention. Although documentation of a sexual assault which occurred in 2010 existed, access for review purposes was limited during this inspection due to pending litigation. Overall, based on discussions with correctional and medical staff members and a review of policies, it was determined the facility complies with all aspects of the standard.					
(b)(6), (b)(7)c eptember 22,  Reviewer's Signature / Date (b)(6), (b)(7)c	47				

	PART 2 - 15. SPECIAL MANAGEMENT UNITS						
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Written policy and procedures are in place for special management units.				Policy and procedures exist for special management units.		
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	$\boxtimes$			Detainees' files were reviewed and all paperwork was in order.		
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	$\boxtimes$					
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	$\boxtimes$			All detainees are taken to the medical unit for review prior to placement in the SMU, unless security issues require immediate placement. If this is the case, the detainee is assessed in the SMU by health care staff.		
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	$\boxtimes$			-		
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	$\boxtimes$			Personal observation revealed only one detainee per cell which is consistent with authorized capacity levels.		
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	$\boxtimes$					
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	$\boxtimes$			Logs were randomly checked and all were up-to-date.		

PART 2 - 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
<ol> <li>A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</li> <li>In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.</li> </ol>	$\boxtimes$			The portion of this component requiring the SMU log to have the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official and the date released recorded is specific to SPCs and CDFs. The facility makes all required log entries.		
<ul> <li>10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record:</li> <li>The time and date of the visit, and</li> <li>Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</li> </ul>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility SMU has logs that visitors must sign and record information identified in the bulleted items.		
<ul> <li>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:</li> <li>In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.</li> <li>In CDFs and IGSA facilities form I-888 or a comparable form is used.</li> <li>In SPCs and CDFs:</li> <li>By the end of each shift, the special housing unit officer records:</li> <li>Whether the detainee ate, showered, exercised, and took any medication, and</li> <li>Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc.</li> <li>When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift.</li> </ul>				IGSAs are only required to have a Special Management Housing Unit Record maintained on each detainee in the SMU, and this is to be recorded on an I-888 or comparable form. All the other bulleted items are only applicable to SPCs and CDFs. The facility maintains a record on all detainees housed in SMU which addresses all bulleted items. A review of all logs in the SMU area revealed compliance.		

	PART 2 – 15. SPECIAL MANAGEMENT UNITS							
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks			
12.	Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.				This component is only applicable for SPCs and CDFs. Upon release from SMU, all documentation is forwarded for inclusion with detainee detention file.			
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.	$\boxtimes$						
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation.  (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	×						
15.	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	×			Facility policy and procedure address what privileges detainees are provided in Administrative Segregation.			
	Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	$\boxtimes$						
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	$\boxtimes$						
18.	The facility administrator (or designee) visits each SMU daily.							
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them.  In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).				IGSAs are only required to have a health care provider visit each detainee in the SMU at least three times per week, and detainees are provided any medications prescribed to them. Healthcare staff makes daily visits which are recorded in the SMU Housing Record.			
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	$\boxtimes$						

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
seg Adn	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	$\boxtimes$			Detainees are offered showers daily.		
	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	$\boxtimes$					
23.	Detainees in an SMU may write and receive letters the same as the general population.						
24.	Detainees in an SMU ordinarily retain visiting privileges.						
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.				Although policy allows for visits to be denied, the facility reports that this has never happened.		
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.						
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	$\boxtimes$					
	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.				This component is only applicable for SPCs and CDFs. Facility policy addresses the restriction of use of visiting room by protective custody and disruptive detainees.		
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.				This component is only applicable for SPCs and CDFs. There is policy that allows for non-contact visits and no visits in extreme cases.		
30.	Ordinarily, detainees in SMUs are not denied legal visitation.				The facility reports that no detainee has been denied legal visitation.		

PART 2 = 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	NA	Remarks			
31. There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.							
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.							
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	$\boxtimes$						
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.  Detainee requests for access to legal material in their personal property are accommodated as soon as				Facility logs demonstrate compliance.			
possible and always within 24 hours of a detainee's request.							
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	$\boxtimes$			Staff interviews and policy review indicated compliance.			
<ol> <li>Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.</li> </ol>	$\boxtimes$						
<ul> <li>37. Any denial of access to the law library is always:</li> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security, and</li> <li>Fully documented in the SMU housing logbook.</li> <li>ICE/DRO is notified every time law library access is denied.</li> </ul>	$\boxtimes$						
<ol> <li>Recreation for detainees in the SMU is separate from the general population.</li> </ol>							

11 - 14 - 1 - 1	PART 2 = 15. SPECIAL MANAGEMENT UNITS						
seg Adı	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)						
40.	Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	$\boxtimes$			A review of facility logs revealed compliance.		
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation.  When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.						
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	$\boxtimes$					
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances.  The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.				Staff interviews and policy review demonstrated compliance.		

i : : !:	PART 2 – 15. SPECIAL MANAGEMENT UNITS					
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU.					
	Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.					
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible.					
	A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.					
	If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.				A review of facility policy and detainee files demonstrated compliance.	
	The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.					
	(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)					

PART 2 = 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	<b>W</b>	Remarks		
46. There are implemented written procedures for the regular review of all detainees in Administrative Segregation.						
A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.						
If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885.				A review of facility policy and detainee files demonstrated compliance.		
When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.						
A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.						
47. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.						
48. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	$\boxtimes$					
49. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	$\boxtimes$					
A similar review is done every 30 days thereafter.						

	PART 2-15. SPECIAL MANAGEMENT UNITS						
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	$\boxtimes$					
	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	$\boxtimes$					
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act.  The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	$\boxtimes$			A review of facility policy and detainee files demonstrated compliance with the requirements of this component.		
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.						
54.	Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).  The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.  When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.						

	PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	
segr Adm	Detention Standard protects detainees, staff, contract regating certain detainees from the general population inistrative Segregation section for detainees segregated regation section for detainees segregated for disciplin	in Spe ted for a	cial Manag administrat	jemen	t Units (SMUs) with an
	Components	Meets Standard	Does Not Meet Standard	<b>V</b> /N	Remarks
55.	The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.  A supervisor interviews and reviews the status of cash detained in Disciplinary Segregation events.				·
	each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).			reviews demonstrated with the requirements	
	At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.				Staff interviews and detainee file reviews demonstrated compliance with the requirements of this component.
	The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.				
100000	All review documents are placed in the detainee's detention file.		OFMENT.		Sing speeds
	PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	
	⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A	•	☐Repeat Finding
Policy	arks: (Record significant facts, observations, other soc y, procedure, staff interviews and personal observation dem al Management Units. A separate housing unit is provided	onstrate	that the fac		
	September 22, 2011				
Kevie	wer's Signature / Date				
	(b)(6), (b)(7)c				

PART 2 - 16. STAFF-DET	AINEE	COMMUN	ICATI	ON	
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions:  It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the					
Inspector General.	J "(V")	in C D C Pant	······································		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.</li> </ol>					
<ol><li>Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.</li></ol>				Compliance with this component has been verified through a review of housing unit logbooks and staff interviews.	
<ol> <li>Scheduled visits are posted in ICE/DRO detainee housing areas.</li> </ol>				The ICE personnel visiting schedule was posted in the housing units.	
<ol> <li>Visiting ICE staff observes and note current climate and conditions of confinement.</li> </ol>				Climatic condition reports were reviewed verifying observations of ICE staff.	
<ol><li>ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.</li></ol>				Request forms are available throughout the facility.	
<ol><li>The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.</li></ol>					
<ol> <li>A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.</li> </ol>	$\boxtimes$			Separate mail boxes are provided for ICE communication.	
<ol> <li>Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,</li> </ol>				- 11	
<ol> <li>ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log.</li> </ol>				Documentation supports facility compliance.	
<ol> <li>ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.</li> </ol>				Information regarding correspondence is shared verbally and is addressed in the detainee handbook.	
<ol> <li>OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.</li> </ol>				Notification regarding the OIG Hotline was displayed throughout the facility.	
<ol> <li>Daily telephone serviceability checks are documented in the housing unit logbook.</li> </ol>				A review of housing unit logbooks reflected telephone serviceability checks are conducted on a daily basis.	
PART 2 – 16. STAFF-DET	AINEE	COMMUN	IICATI	ON	
	andard	□ N/A	<b>.</b>	☐Repeat Finding	

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

ICE personnel conduct frequent visits to the facility and housing units as evidenced by a review of housing unit logbooks.

Appropriate request forms are available to the detainee population.

Detainee requests are responded to in a timely manner as evidenced by electronic files maintained.

Overall, the facility complies with the PBNDS regarding Staff/Detainee Communications.

(b)(6), (b)(7)c	Septem	ber 22, 2011
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		(b)(6), (b)(7)c

	PART 2-17, TOOL CONTROL						
faci	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	$\boxtimes$			The facility Chief of Security is the designated staff member responsible for the tool control procedure, inspection system, and accountability.		
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.				This component is only applicable for SPCs and CDFs. The facility tool storage area is outside of the facility perimeter.		
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.				Policy review and on-site observation verified all tools, keys, medical equipment, and culinary equipment are controlled.		
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.			$\boxtimes$	This component is only applicable for SPCs and CDFs. A chit is used in exchange for tools.		
5.	Tool inventories are required for:  • Facility Maintenance Department  • Medical Department  • Food Service Department  • Electronics Shop  • Recreation Department  • Armory	$\boxtimes$					
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Tool inventories are conspicuously posted.		
7.	<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>						

PART 2-17, TOOL CONTROL							
faci	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
	Companents	Meets Standard	Does Not Meet Standard	N/A	Remarks		
8.	The facility has a tool classification system. Tools are classified according to:  Restricted (dangerous/hazardous)  Non Restricted (non-hazardous).	$\boxtimes$			The bulleted portions of this component requiring tools be specifically classified as Restricted and Non Restricted is specific to SPCs and CDFs. The facility does have a tool classification system which designates tools as Restricted and Non Restricted.		
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.			$\boxtimes$	This component is only applicable for SPCs and CDFs. Department heads are held responsible for implementing proper tool control procedures.		
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.						
11.	<ul> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Tools are stored on shadow boards in which the shadows resemble the tool.</li> <li>Shadow boards have a white background.</li> <li>Restricted tools are shadowed in red.</li> <li>Non-restricted tools are shadowed in black.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.</li> </ul>				IGSAs are only required to have an approved tool storage system that ensures all stored tools are accountable and that commonly used tools (tools that can be mounted) are stored in a way that missing tools can easily be noticed. The facility does have an approved tool storage system which addresses all the bulleted items.		
12.	Tools removed from service have their shadows removed from shadow boards.				This component is only applicable for SPCs and CDFs. Shadows are removed on tools which are removed from service.		
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	×		$\boxtimes$	This component is only applicable for SPCs and CDFs. Tools not adaptable to a shadow board are stored in a locked cabinet.		
14.	Sterile packs are stored under lock and key.				This component is only applicable for SPCs and CDFs. Sterile packs are stored in a locked area.		
15.	Each facility has procedures for the issuance of tools to staff and detainees.						

PART 2-17, TO	OL CC	NTROL		
This Detention Standard protects detainees, staff, contrac facility operations by maintaining control of tools, culinary and supplies.	tors, ar utensils	d voluntee , and med	irs froi ical ar	m harm and contributes to orderly id dental instruments, equipment,
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
16. There are policies and procedures to address the issue of lost tools. The policy and procedures include:				
Verbal and written notification.				
<ul> <li>Procedures for detainee access.</li> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>				
<ol> <li>Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.</li> </ol>				
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.				
Hoses longer than three feet in length are classified as a restricted tool.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility treats hoses as tools and classifies them as restricted.
<ol> <li>Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.</li> </ol>			$\boxtimes$	This component is only applicable for SPCs and CDFs. Scissors are tethered if used for in-processing.
PART 2-17. TO	OL CO	NTROL		
⊠ Meets Standard ☐ Does Not Meet St	andard	I 🔲 N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sour Policy review, personal observation and inspection, as well as sta PBNDS regarding Tool Control. Primarily, the facility stores too tools that are kept in the facility are stored on shadow board or in control in their area.  (b)(6), (b)(7)c  Septem  Reviewer's Signature / Dat	iff interv ols outsi	riews demonde the secur	e perir	neter of the facility. However, any

	PART 2 + 18. USE OF FORCE AND RESTRAINTS							
res	This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.							
	Components	Meets Standard	Does Not Meet Standard	VN	Remarks			
1.	(MANDATORY) The facility has a Use of Force Policy.				Policy number 10.1.7 addresses use of force and restraints in a manner consistent with the standard.			
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	$\boxtimes$						
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	$\boxtimes$						
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	$\boxtimes$						
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures.  Ranking detention official, health professional, and others confer before every calculated use of force.				Facility policy addresses the requirements of this component.			
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique.							
	Under staff supervision.							
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	×			-			
8.	All use-of-force incidents are documented and reviewed.							
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.							
10.	Staff:							
	<ul> <li>Does not use force as punishment.</li> <li>Attempts to gain the detainee's voluntary cooperation before resorting to force</li> <li>Uses only as much force as necessary to control the detainee.</li> </ul>	$\boxtimes$						
	<ul> <li>Uses restraints only when other non- confrontational means, including verbal persuasion, have failed or are impractical.</li> </ul>							

PART 2 – 18. USE OF FORCE AND RESTRAINTS							
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.							
Components	Meets Standard	Does Not Meet Standard	NIA	Remarks			
<ol> <li>Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.</li> </ol>							
<ol> <li>(MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).</li> </ol>				A review of facility policy demonstrates there is written policy to prevent injury and exposure to communicable diseases.			
<ul> <li>13. Standard procedures associated with using four/five point restraints include:</li> <li>Soft (nylon/leather) restraints.</li> <li>Dressing the detainee appropriately for the temperature.</li> <li>A bed, mattress, and blanket/sheet.</li> <li>Checking the detainee at least every 15 minutes.</li> <li>Logging each check.</li> <li>Repositioning detainee often enough to prevent soreness or stiffness.</li> <li>Medical evaluation of the restrained detainee twice per eight hour shift.</li> <li>When qualified medical staff are not immediately available, staff position the detainee "face-up."</li> </ul>				Facility policy and procedure address all bulleted items included in this component.			
<ul><li>14. The shift supervisor monitors the detainee's position/condition every two hours.</li><li>He/she allows the detainee to use the restroom at these times under safeguards.</li></ul>	$\boxtimes$						
15. All detainee checks are logged.							
<ol> <li>In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.</li> </ol>	$\boxtimes$						
<ul> <li>17. When the Facility Administrator authorizes use of non-lethal weapons:</li> <li>Medical staff is consulted before staff use pepper spray/non-lethal weapons.</li> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>	$\boxtimes$						
<ol> <li>Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.</li> </ol>	$\boxtimes$			Intermediate Force Weapons are stored outside of the facility perimeter.			
<ol> <li>If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.</li> </ol>	$\boxtimes$						

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Special precautions are taken when restraining pregnant detainees.     Medical personnel are consulted				Facility policy addresses precautions for pregnant inmates.		
21. Protective gear is worn when restraining detainees with open cuts or wounds.						
<ol> <li>Staff documents every use of force, including what type of restraints was used during the incident.</li> </ol>				A random review of files demonstrated compliance.		
<ol> <li>It is standard practice to review any use of force and the non-routine application of restraints.</li> </ol>						
<ul> <li>24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.</li> <li>Specialized training is given to officers ensuring they are certified in all devices approved for use.</li> </ul>				A random review of training records demonstrated compliance with this component.		
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.						
The use of canines is restricted to contraband detection purposes only.				Canines are not used in this facility.		
<ol> <li>The officers are thoroughly trained in the use of soft and hard restraints.</li> </ol>	$\boxtimes$					
28. In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.				The requirement to use the "Use of Force Form" is specific to SPCs. The facility does use a Use of Force form.		
PART 2 – 18. USE OF FO	ORCE A	ND REST	RAIN	TS .		
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) A review of policy, a random review of files and videos and interviews with staff demonstrate that this standard is in compliance.						
(b)(7)e						
(b)(6), (b)(7)c September 22 2011 A Reviewer's Signature / Date (b)(6), (b)(7)c						

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

## **Section III ORDER**

19 Disciplinary System

	PART 3 - 19. DISCIPLINARY SYSTEM							
Th wit	This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	×			Facility policy 10.3.1 and the handbook explain the disciplinary policy.			
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.				·			
3.	Written rules prohibit staff from imposing or permitting the following sanctions:							
	corporal punishment							
	<ul> <li>deviations from normal food service</li> </ul>							
	clothing deprivation	k=3			Facility policy and staff interviews			
	<ul> <li>bedding deprivation</li> </ul>				demonstrated compliance with the requirements of this component.			
	denial of personal hygiene items				1 · · · · · · · · · · · · · · · · · · ·			
	<ul> <li>loss of correspondence privileges</li> </ul>							
	deprivation of legal access and legal materials			į				
	deprivation of physical exercise							
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.							
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:							
	<ul> <li>Rights and Responsibilities</li> </ul>							
	Prohibited Acts			Ш				
	Disciplinary Severity Scale							
	<ul> <li>Sanctions</li> </ul>							
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.							
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.				This component is only applicable for SPCs and CDFs. Incident Reports and Notice of Charges are forwarded to the supervisor in a timely manner.			
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.							

PART 3 - 19. DISCIPLINARY SYSTEM						
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
An intermediate disciplinary process is used to adjudicate minor infractions.						
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:						
<ul> <li>Conducts hearings on all charges and allegations referred by the UDC</li> </ul>						
<ul> <li>Considers written reports, statements, physical evidence, and oral testimony</li> </ul>				Facility policy and staff interviews demonstrated compliance with the		
<ul> <li>Hears pleadings by detainee and staff representative</li> </ul>		—   	_	areas listed in this component.		
<ul> <li>Bases its findings on the preponderance of evidence</li> </ul>						
Imposes only authorized sanctions	•					
A staff representative is available if requested for a detainee facing a disciplinary hearing	$\boxtimes$					
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.						
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.						
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	$\boxtimes$			Facility policy explains how confidential sources are used in the disciplinary process.		
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.						
PART 3 - 19. DISC	IPLINA	RY SYSTI	EM			
☑ Meets Standard   □ Does Not Meet Standard   □ N/A   □ Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.)  Policy review, random documentation checks, personal observation, and staff interviews demonstrated that the facility complies with the PBNDS regarding the Disciplinary System. The disciplinary process is consistent with the requirements of the standard. The disciplinary process is well described in the detainee handbook. Information is posted in English and Spanish in the detainee living units regarding detainee rights and responsibilities, prohibited acts, the disciplinary severity scale, and sanctions.  (b)(6), (b)(7)c  September 22,  Reviewer's Signature / Date  (b)(6), (b)(7)c						

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

## Section IV CARE

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

	PART 4 – 20. FOOD SERVICE						
	s Detention Standard ensures that detainees are provide a sanitary and hygienic food service operation.	ed a nut	ritionally ba	lanced	diet that is prepared and presented		
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The Food Service Administrator (FSA) has over 25 years of experience in the food service industry. He is ServSafe certified and has also completed training in food service operations offered by GEO.		
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.				The facility Production Manager or a Cook Supervisor is on duty when the FSA is off duty.		
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	$\boxtimes$					
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control				The facility does not use knives in its operation. All vegetables are purchased in pre-cut portions. All other kitchen tools and utensils are secured in the FSA's office which is a secure room. All tools and utensils are maintained on a shadow board. Inventories were present and accurate.		
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils				The section of this component requiring staff to monitor the condition of knives and dining utensils is specific to SPCs and CDFs. The facility does not utilize knives. All kitchen utensils are monitored by staff.		
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	$\boxtimes$			The facility does not maintain any yeast in the facility. All spices are kept in a locked storage room.		
	Operating procedures include daily searches (shakedowns) of detainee work areas.	×			Daily searches of the detainee work areas are conducted by both the security staff and the dietary staff assigned to the kitchen.		
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff is trained in count procedures.				The food service staff is trained in count procedures. However, the security staff assigned to the kitchen is responsible for conducting the counts. Count procedures are contained in policy.		

	PART 4-20. FOOD SERVICE							
Thi In a	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.				The Cook Supervisors inspect all detainee kitchen workers daily for cleanliness and medical issues. If a medical issued is detected, the detainee is immediately sent to the medical department. At the time of the inspection, all detainee and staff workers were wearing hair nets and protective gloves while working around or handling food. Detainees and staff preparing the food trays wore face shields as well. Detainee kitchen workers are able to change their work clothes daily.			
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	$\boxtimes$						
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.				The Cook Supervisors and a bilingual clerk instruct all newly assigned detainee workers in the rules and regulations of the food service department.			
	<ul> <li>During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates:</li> <li>Safe work practices and methods.</li> <li>Safety features of individual products/ pieces of equipment.</li> <li>Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>				All detainee workers receive training in all of the bulleted areas identified in this component.			
	The Cook Foreman documents all training in individual detainee detention files.	$\boxtimes$			The Dietary Clerk is responsible for documenting all training in the detainee detention files.			
14.	Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.				The portion of this component requiring detainees be paid in accordance with the "Voluntary Work Program" standard is specific to SPCs and CDFs. Detainee workers at the facility are paid in accordance with facility policy 8.1.1, Voluntary Work Program.			
15.	Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.				Meals are served at 0600, 1100, and 1700 hours.			

;	PART 4 – 20. FOOD SERVICE						
Th in a	is Detention Standard ensures that detainees are provide a sanitary and hygienic food service operation.	ed a nut	ritionally ba	ilance	d diet that is prepared and presented		
	Components	Meets	Does Not Meet Standard	ΨN	Remarks		
	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				Detainees are fed in the housing units and staff eats at their post locations.		
17.	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.				The section of this component requiring a 35-day menu cycle is specific to SPCs and CDFs. The facility has a 42-day menu cycle for rotating meals.		
	(MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.				The master-cycle menu is approved by a registered dietitian annually to ensure compliance with the U.S. Recommended Daily Allowances. All menus are signed by the registered dietitian.		
	The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				The FSA has a recipe book containing recipes for all meals served at the facility. The recipe book is maintained in the FSA's office.		
	The Cook Foreman has the authority to change menu items if necessary.  If yes, documenting each substitution, along with its justification, with copy to the FSA	$\boxtimes$			The Production Manager has the authority to change menu items, if necessary. Any substitution is documented with the justification and copied to the FSA and the Warden.		
21.	All staff and volunteers know and adhere to written "food preparation" procedures.						

<b>+</b>	PART 4 = 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
22.	<ul> <li>A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.</li> <li>Changes to the planned Common Fare menu can be made at the facility level.</li> <li>Hot entrees are offered three times a week.</li> <li>The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).</li> <li>Staff routinely provides hot water for instant beverages and foods. <ul> <li>Common Fare meals are served with:</li> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.</li> </ul>				A Common Fare menu is available to detainees. Changes in the Common Fare menu can be made at the facility level. Hot entrees are offered three times daily, not three times a week as referenced in the component. The Common Fare menu is reviewed and approved by a registered dietitian. Hot water is provided in the housing units for instant beverages and foods. Disposable plates and utensils are used. Separate cutting boards and equipment are used in preparation of foods.	
23.	Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$				
24.	A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	$\boxtimes$			The facility requires the Warden's approval to remove a detainee from the Common Fare Program.	
25.	The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	$\boxtimes$				
26.	<ul> <li>The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> <li>Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate.</li> <li>Main-line offerings include one meatless meat (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>	$\boxtimes$			The facility accommodates detainees abstaining from particular foods or fasting for religious purposes.  Muslims receive bag lunches to eat after sundown during Ramadan.  Jewish detainees receive prepackaged Kosher meals.  A meatless meal is served on Ash Wednesday and Fridays during Lent for Christian detainees.	
27.	The food service program addresses medical diets.	$\boxtimes$			<del>-</del>	
28.	Satellite-feeding programs follow guidelines for proper sanitation.				At the time of the inspection, the trays were clean, and detainees in the housing units wore protective gloves while handing out trays.	

PART 4 = 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.				The food temperatures of food on the serving line were checked before and during the food tray preparation. The temperatures were logged on the daily log.		
30. All meals provided in nutritionally adequate portions.						
<ol> <li>Food is not used to punish or reward detainees based upon behavior.</li> </ol>						
<ul> <li>32. The food service staff instruct detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food, and;</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>				All detainee workers are trained on the bulleted items identified in the component.		
<ol> <li>Everyone working in the food service department complies with food safety and sanitation requirements.</li> </ol>				Both staff and detainee workers wore hair nets and protective gloves in the kitchen.		
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.				Facility policy 11.1.1, Food Service Operations, requires weekly inspections of all food service operations. The FSA or the Production Manager conducts the weekly inspections. All inspections with corrective action taken are documented and maintained in the FSA's office.  The Safety Officer and Health Services Administrator (HSA) conduct monthly inspections of the food service areas.		
<ol> <li>Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.</li> </ol>						
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.				Dishwashing machine temperatures are checked after each meal. The temperatures are logged on the facility dish machine log and maintained in the FSA's office.		
<ol> <li>(MANDATORY) Staff documents the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.</li> </ol>	$\boxtimes$			Refrigerator/freezer temperature checks are conducted twice daily and documented on the temperature log.		
<ol> <li>The cleaning schedule for each food service area is conspicuously posted.</li> </ol>	$\boxtimes$			,		

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are pr in a sanitary and hygienic food service operation.	ovided a nut	ritionally ba	lanced	diet that is prepared and presented	
Components	Meets	Does Not Meet Standard	N/A	Remarks	
<ol> <li>Procedures include inspecting all incoming for shipments for damage, contamination, and prinfestation.</li> </ol>	ood pest 🗵				
40. Storage areas are locked when not in use.	$\boxtimes$			All storage areas inspected were locked.	
41. Food service personnel conduct shakedowns alwith detention staff.	ong			Food service personnel conduct shakedowns with the security staff. Shakedowns conducted by food service personnel are logged and maintained in the FSA's office.	
<ol> <li>In SPCs only: The ICE supervisor on duty ensuthat ICE officers participate in dining resupervision.</li> </ol>	oom		$\boxtimes$	This component is only applicable for SPCs. The facility is not a SPC and this component does not apply. Satellite feeding on the housing units occurs at this facility.	
<ol> <li>Menus are certified by a registered dietitian prio being incorporated into the Food Service Progran</li> </ol>				All menus are certified and signed by a registered dietitian.	
44. In SPCs only: the FSA prepares quarterly c estimates for the Common Fare Program. I quarterly estimate is factored into the quart budget.	This 📗			This component is only applicable for SPCs. The FSA does prepare a quarterly cost estimate for the Common Fare Program.	
45. When required, only food service staff prepare sack lunches for detainee transportation.	the 🗵			Food service staff on the afternoon shift prepares all sack lunches for detainee transportation.	
46. Air curtains or comparable devices are used outside doors where food is prepared, stored, served to protect against insects and other roden	or 🛛				
47. Staff complies with the ICE requirements for "for receipt and storage.				At the time of the inspection, all food items stored in coolers or dry storage were properly stored in compliance with the ICE standard.	
<ol> <li>Stock inventory levels are monitored and adjuste correct overage and shortage problems.</li> </ol>	d to				
<ol> <li>Staff complies with all ICE Housekeep Storeroom/Refrigerator requirements. Identify explain any shortcomings.</li> </ol>	ing, and 🗵				
50. Dining room facilities and operating procedures provide sufficient space and time for detainees to meals in a relatively relaxed, unregimer atmosphere.	eat			The detainees eat their meals in the housing unit dayroom. The dayroom provides adequate space. Observation of a meal being eaten in a housing unit occurred, and the detainees appeared comfortable.	

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artment of Health and se of Public Health, tion was conducted 11, with no tified.					
vailable for all toxic aterials kept in the ing inventories were ed.					
s a contract with atrol.					
⊠ Meets Standard  □ Does Not Meet Standard  □ N/A  □Repeat Finding					
vatines					

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

The food service area was clean and well maintained at the time of the inspection. The menu is approved by a registered dietitian. The Louisiana Department of Health and Hospitals, Office of Public Health conducts semi-annual inspections of the food service area. There were no violations noted during the last inspection, dated April 27, 2011.

At the time of the inspection, all staff and detainee workers were wearing proper protective gear to include hair nets and plastic gloves. Detainee workers are checked daily by Food Service Supervisors for cleanliness. Detainee workers appeared to be well trained in all aspects of their job, including sanitation, handling of toxics and caustics, and the proper use of equipment etc.

Documentation was readily available in the Food Service Administrator's office. This included temperature logs for dish machines, coolers, freezers, detainee training files, weekly inspection reports, and shakedown logs.

Food storage areas were secured and all food items were stored in compliance with the ICE standard.

A lunch meal was observed being prepared during the inspection. All staff and detained workers were proper protective gear including hair nets, plastic gloves, and face masks. Temperatures were taken of the hot and cold food items on the serving line, before and during the tray preparation. The trays were taken to the housing unit and immediately distributed to the detainees. Detainees interviewed had no complaints with the quality of the food.

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Reviewer's Signat	ure / Date	(b)(	6), (b)(7)c	

-1.	PART 4 – 21. HUNGER STRIKES					
	is Defention Standard protects detainees' health and wating any detainee who is on a hunger strike.	ell-bein	g by monit	oring,	counseling and, when appropriate,	
	Components	Meets Standard	Does Not Meet Standard	Ϋ́N	Remarks	
1.	When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.				Referral of a detainee to the medical department who has refused food, or not eaten in 72 hours, is outlined in facility policy 10.4.3, Hunger Strikes, as well as in the medical policy #872, Hunger Strike  Protocol. Documentation of such referrals was noted in chart reviews.	
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.				In accordance with medical policy #872 and discussions with the Health Service Administrator (HAS), it was determined that the facility immediately reports a hunger striking detainee to ICE/DRO.	
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.				In accordance with medical policy #872, established procedures are in place to ensure staff responds immediately to a hunger strike.  Chart reviews revealed compliance with procedures.	
	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.				In accordance with medical policy #872, hunger striking detainees are isolated from other detainees.	
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				The HAS advised that detainees on a hunger strike are housed in the Short Stay Unit. In one instance when there was a "group" of hunger strikers, they were placed in the administrative segregation unit for observation.	
6.	Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	$\boxtimes$			Medical policy # 872 has procedures to record the weight and vital signs of hunger-striking detainees at least once every 24 hours. In review of medical charts, compliance was confirmed. If there was no weight or vital signs taken, there was a "refusal of care" form indicating the date and time as well as each intervention that was refused by the detainee.	
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	$\boxtimes$			All detainees sign a consent for medical treatment upon arrival at the facility.	

PART 4-21 HUNGER STRIKES							
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ol> <li>A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.</li> </ol>	$\boxtimes$			If a detainee refuses any treatment or intervention, a "Refusal of Treatment" form is completed. If the detainee refuses to sign the "Refusal of Treatment" form, then the form is signed by two staff/provider witnesses. Through chart reviews, documentation that these forms were being utilized was present in the medical records.			
<ol> <li>Unless otherwise directed by the medical authority, staff delivers three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.</li> </ol>				Medical policy #872 and facility policy 10.4.3 state that unless otherwise directed by the medical authority, staff delivers three meals per day to the detainee's room.			
<ol> <li>Staff maintains the hunger striker's supply of drinking water/other beverages.</li> </ol>	$\boxtimes$			In accordance with medical policy #872 and facility policy 10.4.3, staff is directed to maintain the hunger striker's supply of drinking water.			
During a hunger strike, staff removes all food items from the hunger striker's living area.	$\boxtimes$			In accordance with medical policy #872 and facility policy 10.4.3, staff shall remove all food items from the hunger strikers living area.			
<ol> <li>Staff is directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.</li> </ol>	$\boxtimes$			In accordance with medical policy #872, the hunger striker's fluid intake and food consumption is recorded on the Hunger Strike Monitoring Form I-839.			
The medical staff has written procedures for treating hunger strikers.	$\boxtimes$			There are written procedures for treating hunger strikers as outlined in medical policy #872.			
14. Staff documents all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	$\boxtimes$			In accordance with medical policy #872, all encounters and treatment attempts are documented in the detainee's medical record.			

PART 4 – 21. HL	Algorithms !				
This Detention Standard protects detainees' health and w treating any detainee who is on a hunger strike.	en-bein	д ру гноги	oring;	counseling and, when appropriate,	
Components	Meets Standard	Does Not Meet Standard	¥N.	Remarks	
15. All staff receives orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receives training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				A review of correctional staff training records reflected that correctional staff does receive orientation and annual training on recognizing the signs of a hunger striker and the procedures for referral to the medical department. A review of medical staff training records reflected that medical staff does receive initial and annual training on the evaluation and treatment of a detainee on a hunger strike.	
PART 4 – 21. HUNGER STRIKES					
☑ Meets Standard  ☐ Does Not Meet Standard  ☐ N/A    ☐Repeat Finding					

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

A review of both the correctional and medical policies and procedures revealed detailed procedures to recognize, refer, and treat those detainees who are on a hunger strike or who have not eaten a meal in 72 hours.

There is a hunger strike log maintained in the medical department.

In February 2011, a group of ten detainees stated they were going on a hunger strike. This hunger strike began at 0630 and was over by 1130 the same day. Each of these detainees was seen by a registered nurse and a social worker within the five hour hunger strike period.

There were a total of 12 detainees over the last 12 months who were placed on a hunger strike watch.

All 12 medical records were reviewed and showed proper referrals to medical staff and mental health staff providers. In addition, proper housing, completed and/or attempted treatment refusal forms, and communication forms were present in all charts.

22, 2011
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PART 4 – 22. MEDICAL CARE					
The pre	s Detention Standard ensures that detainees have a vention and health education, so that their health care	access needs	to a conti	nuum a time	of health care services, including
	Components	Meets	Does Not Meet Standard	A'N	Remarks
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.				The facility does operate a health care facility in compliance with state and local laws and guidelines. This was confirmed by a review of credentials, lab waivers, and employee records.
2.	The facility's in-processing procedures of arriving detainees include medical screening.				In review of medical policy #804, New Arrival Pre-Screening, and as observed in the intake area, a preliminary medical screening is done upon arrival to reveal and address any serious medical or mental health needs. A complete medical screening is completed within 12 hours of a detainee's arrival at the facility.
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.				In accordance with medical policy #401, Staffing Levels, and as confirmed by the HSA, there are currently no open staff positions at this time. The current nursing staff schedule consists of 8 hour weekday shifts (b)(7)e Registered Nurses (RNs) and b)(7)e Licensed Practical Nurses (LPNs) are on the day shift; (b)(7)e INs(b)(7)e LPNs, and one Certified Nurse Assistant (CAN) is on evening shift(b)(7)eRNs (b)(7)e LPNs and one CNA are on night shift. On the weekend, there are two 12 hour shifts (b)(7)eRNs and (b)(7)eLPNs are on the day shift, and (b)(7)eRN and(b)(7)e PNs are on night shift.
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				Newly admitted detainees are informed both orally and in writing via the detainee handbook during the intake screening process on how to access medical care. The handbooks are available in both English and Spanish, and there is a "Language Line" service available for translation, if needed. There are also notices posted within the housing units throughout the facility which provide information regarding how to access health care.

PART 4 – 22. MEDICAL CARE					
Thir pre	s Detention Standard ensures that detainees have a vention and health education, so that their health care	ccess needs a	to a contir ire met in	iuum a time	of health care services, including y and efficient manner.
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				Emergency medical, dental, and mental health services are available 24 hours a day, seven days a week in accordance with medical policy #306. Medical staff is present onsite 24 hours every day.
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	$\boxtimes$			In review of medical staff employee records, all new direct care staff receive tuberculosis tests prior to their job assignment and periodically thereafter; and staff were offered the Hepatitis B vaccine. Documentation showed those who had the Hepatitis B vaccine series and those who refused it. Correctional staff receives a Tuberculosis test prior to job assignment. This was confirmed by records maintained by the facility Human Resource Department.
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.				The medical department policy #402, Credentialing; # 404, LVN/LPN Scope of Practice; # 407, RN Scope of Practice; and #405, Orientation Training addresses the requirements of this component. Health services staff ensures that qualified personnel are in compliance with applicable state and federal requirements. A review of medical staff employee records showed compliance with all credentials and certifications were current.
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).				In accordance with facility policy 9.1.6, Detainee Handbook, and through observation, each detainee, upon admittance, does receive a copy of the facility handbook and the ICE National Detainee Handbook.

	PART 4-22. MEDICAL CARE					
	s Detention Standard ensures that detainees have a vention and health education, so that their health care i					
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.				This component is only applicable for SPCs and CDFs. Medical policy #402 addresses verification of credentials. Credentials of medical personnel were reviewed and found to be current.	
10.	<ul> <li>Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function.</li> <li>When screening is performed by a detention officer, the facility maintains documentation of the officer's special training.</li> </ul>	$\boxtimes$			In accordance with medical policy #800, General Medical Care, intake screening on all newly admitted detainees is conducted by a member of the medical staff. All initial medical, dental, and mental health screenings are completed by a member of the medical department within 12 hours of arrival.	
11.	(MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	$\boxtimes$			In accordance with medical policy #846, Communication, the "Language Line" service is available and utilized if there is any language barrier in relation to communicating with or providing health care services to a detainee.	
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	$\boxtimes$			Sufficient space and equipment are addressed in medical policy #305, Clinic Space, Equipment, and Supplies. It was observed that the facility has sufficient space and equipment to afford each detained privacy when receiving health, dental, or mental health care services. There are numerous examination rooms within the medical clinic area and specific rooms utilized near the housing units.	
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	$\boxtimes$			The medical unit does have its own restricted access area which is within the confines of the secure perimeter.	
14.	The medical facility entrance includes a holding/waiting room.				It was observed that there is a holding/waiting room within the medical clinic area.	
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	$\boxtimes$			It was observed that the medical clinic holding/waiting area is under direct supervision of correctional staff within the medical unit	

Thi	PART 4 – 22. MEDICAL CARE  This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	Y Z	Remarks		
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.				It was observed that detainees do have access to a toilet and drinking water while in the medical holding/waiting room.		
17.	<ul> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				Medical records were observed to be kept apart from other files, and physical access restricted to authorized medical staff. Current files are located within the medical clinic area. The files of detainees who have recently left the facility are kept in another secure locked area within the medical administration area. Procedurally, and as confirmed by staff, no copies are made and placed in detainee files.		
2000 2000 2000 2000 2000 2000 2000 200	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.				Medical policy #856, Informed Consent, requires that a signed and dated consent form be completed prior to medical treatment being administered. Signed, dated, consent forms are obtained from the detainee upon intake screening and are placed in medical record files as evidenced by a review of medical records.		
	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				The facility requires detainee authorization before any medical records can be released. This requirement was discussed with the HSA and various medical record technicians.		
	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				In discussion with the HSA, as well as nurses working in the medical unit, the medical unit is given advance notice of all detainees leaving the facility.		
	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				In discussion with healthcare staff, transfer summaries are written and transferred with the detainees.		
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	$\boxtimes$			In discussion with healthcare staff, all medical records and transfer sheets are packaged in an appropriate manner.		

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Components	Mees	Standard	Does Not Meet Standard	NA	Remarks	
23. Medical screening includes a Tuberculos					All detainees receive a chest X-ray to screen for Tuberculosis upon arrival to the facility.	
<ul> <li>24. All detainees receive a mental-health screarrival. It is conducted:</li> <li>By a health care provider or speciofficer;</li> <li>Before a detainee's assignment to a health care.</li> </ul>	ally trained				In accordance with medical policy #811, Mental Health Evaluation, and #813, Mental Health Screening, all detainees receive a mental health screening by a member of the medical staff upon arrival.  Compliance with this component was determined by reviewing detainee medical records, as well as in discussions with nurses.	
25. The facility health care provider promptly r 794s (or equivalent) to identify detained medical attention.	es needing				In discussions with medical staff, and review of transfer forms received on new detainees, it was noted that medical staff does review all transfer summaries received.  Compliance with this component was determined in a review of detainee medical records.	
26. (MANDATORY) Each facility's health ca conducts a health appraisal and physical e on each detainee within 14 days of arrival documentation of one within the previou the facility health care provider may deter new appraisal is not required.	examination If there is us 90 days, mine that a				In accordance with medical policy #807, Health Assessment/Physical Examination, each detained does receive a health appraisal and physical examination within 14 days of arrival. Compliance with this component was determined by a review of detained medical records.	
27. Detainees in the Special Management access to the same level of health care as in the general population.	s detainees				In accordance with medical policy #826, Health Evaluation of Detainees in Segregation, detainees in the special management unit have access to the same level of health care as detainees in the general population. This was observed in the daily documentation of medical staff.	

PART 4 - 22. MEDICAL CARE							
This pre	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	WA	Remarks		
28.	<ul> <li>Staff provides detainees with health- services (sick call) request slips daily, upon request.</li> <li>Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population.</li> <li>Service-request slips are delivered in a timely fashion to the health care provider.</li> </ul>				In accordance to medical policy #852, Nursing Sick Call and Referrals; policy #853, Weekday Nursing Sick Call and Referrals; and policy #854, Weekend Sick Call Triage Process; access to the medical staff for sick call requests is addressed. Although sick call requests are available, the current practice is for a nurse to go to each housing unit to conduct sick call. Information regarding this process is posted on bulletin boards in housing units.		
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.				Medical policy # 822, Emergency Services, addresses 24-hour emergency health care. There is medical staff on duty 24 hours a day, seven days a week.		
30.	The plan includes an on-call provider,				Medical policy #1002, Notification of On-Call Provider, addresses this component. In discussion with medical staff members, there is a list of on-call providers available.		
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.				In discussion with medical staff members, there is a list of local hospital services and physicians.  Ambulance service is obtained by activating the "911" system,		
	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				The health care emergency plan provides access to medical, dental, and mental health care consistent with security and safety.		
	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.				Medical policy #737, Medical Emergencies, addresses this requirement. Detention and medical staff are trained at least annually as reflected by a review of training records and training curriculums.		
34.	Where staff is used to distribute medication, a health care provider properly trains these officers.			$\boxtimes$	All medication in this facility is administered by a member of the medical staff.		

PART 4 – 22. MEDICAL CARE							
This pre	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	<b>VIN</b>	Remarks		
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				Medical policy #1109, Ordering Medication and Supplies; #1110, Drug Information Services; #1111, Pharmacy Performance Improvement Activity; and #1112, Medication Administration Training, addresses this requirement. Observations and discussions with the on-site pharmacist indicated that all pharmaceuticals and non- prescription medication are stored, inventoried, dispensed, and administered in accordance with sound standards for safety and security.		
36.	<ul> <li>(MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include:</li> <li>A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.</li> <li>A method for obtaining medicines not on the formulary.</li> <li>Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed.</li> <li>Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.</li> <li>Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.</li> </ul>				All bulleted items regarding the management of pharmaceuticals are contained in medical policy #1110. Discussion with the on-site pharmacist also confirmed current practice in regards to all bulleted items identified in this component.		
37.	<ul> <li>All pharmaceuticals are stored in a secure area with the following features:</li> <li>A secure perimeter;</li> <li>Access limited to authorized medical staff (never detainees);</li> <li>Solid walls from floor to ceiling and a solid ceiling;</li> <li>A solid core entrance door with a high security lock (with no other access); and</li> <li>A secure medication storage area.</li> </ul>				The facility pharmacy is located in the medical clinic area which is located within the secure perimeter, with limited access to authorized medical staff.		

PART 4 – 22. MEDICAL CARE							
This pre	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	<ul> <li>In SPCs and CDFs, the pharmacy has a locking pass-through window.</li> <li>Administration and management in accordance with state and federal law.</li> <li>Supervision by properly licensed personnel.</li> <li>Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent.</li> <li>Accountability for administering or distributing medications in a timely manner and according to physician orders.</li> </ul>				The portion of this component requiring the pharmacy have a locking pass-through window is specific to SPCs and CDFs. There is a pass-through window at this facility. Supervision of the pharmacy is provided by a state licensed pharmacist. Medical staff training files revealed medication administration training. Procedures exist for the administration and distribution of medications.		
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	$\boxtimes$			A review of medication administration records showed accountability for all medication administered to detainees.		
40.	<ul> <li>In facilities that are medically staffed 24 hours a day, the health care provider distributes medication.</li> <li>In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff is not on duty.</li> </ul>				All medication is administered by members of the medical staff.		
	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.				Officers do not distribute medication at this facility.		
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	$\boxtimes$			The medical staff notifies the Warden/facility of detainees with special needs in accordance with medical policy #803, Detainee Special Needs, and #819, Special Needs and Treatment Plans. Completed examples of forms used to communicate the needs were observed in medical records reviewed.		

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	onents:	Meets Standard	Does Not Meet Standard	N/A	Remarks	
standard, for examinate service providers and e		⊠			There are procedures in place to refer detainees to independent or specialized medical providers. The HSA advised there are no problems obtaining authorization from ICE for specialized medical visits/consultations. There is a staff nurse on-site who handles all TAR requests.	
plans) that address the and communicable disseducation, identification (when applicable), tree (when indicated), and federal agencies. Planse Coordination with pure Ongoing education Control, treatment, and Protection of individe Media relations;  Management of tub C, HIV infection, avier Reporting communication.	ablic health authorities; for staff and detainees; and prevention strategies; and confidentiality; erculosis, hepatitis A, B, and an influenza, and cable diseases to local and/or nents in accordance with local				The facility has an Infection Control Program that addresses all bulleted elements listed in this component. Infection control issues are outlined in medical policy #1038, Infection Control and Hand Washing.	
are isolated according procedures.	ith a communicable disease to local medical operating	$\boxtimes$			Detainees diagnosed with or suspected of a communicable disease are isolated in the medical Short Stay Unit. This unit has two negative pressure rooms.	
with guidelines of the (CDC). Unless a chest method, the PPD (mar screening method. (FPPD is contraindicated;	TB screening in accordance Centers for Disease Control x-ray is the primary screening atoux method) is the primary or a detainee on whom the a chest x-ray will be needed. It is a chest x-ray will be needed.				Chest X-rays are the primary screening method for Tuberculosis screening in this facility. Detained chart reviews showed chest X-ray results contained in all charts reviewed.	
placed in a negative promptly evaluated for	oms suggestive of TB are pressure isolation room and TB disease. Detainees at e pressure isolation room are ate off-site facility.				Those detainees with positive chest X-rays were immediately placed in negative pressure rooms with treatment and interventions initiated, as evidenced by detainee chart reviews.	

Thi	This Detention Standard ensures that detainees have access to a continuum of health care services, including						
pre	prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.				The "911" system is activated for timely access via an ambulance for emergencies. Detention transportation staff are notified for any non-emergency transportation needs to outside medical facilities.		
49.	Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	$\boxtimes$			Medical policies #842, Short Stay Unit Admission; #1025, Short Stay Unit: Scope of Care; #1026, Short Stay Unit Admission Procedures; and #1037, Short Stay Unit Discharge, address detainees who require close, chronic, or convalescent care.		
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.				All females of child bearing years are tested for pregnancy upon arrival. If there is a positive result, the detainee is immediately referred to a health care provider for evaluation and management.		
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	$\boxtimes$			Medical policy #860, Continuity of Care During Detention, requires that detainees with chronic conditions receive periodic care and treatment. Compliance with this component was evident based upon detainee chart reviews.		
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.				Medical policy #803, Detainee Special Needs, addresses the special medical or mental health needs of detainees receive special consideration in such matters as housing, transfer, or transportation. Compliance with this component was evident through a review of detainee charts.		
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.				There is currently a full-time dentist.		
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.				Medical policy #811, Mental Health Evaluation, states that detainees with mental health problems will be referred to a mental health provider. Compliance with this component was evident in detainee chart reviews.		

PART 4-22: MEDICAL CARE					
Thi: pre	s Detention Standard ensures that detainees have a vention and health education, so that their health care	access needs a	to a conti are met in	nuum a time	of health care services, including ly and efficient manner.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.				Crisis intervention is available for detainees who experience acute mental health episodes. The facility has a full time Psychiatrist, a full time psychologist, and one clinical social worker.
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.				Medical policy #203, Privacy of Care, addresses privacy during medical and mental health examinations, interviews, and procedures. Adequate individual examination rooms were observed during visits to the medical unit and at housing units.
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.				Medical policy #811, Mental Health Evaluation, and #1503, Mental Health Care Requests and Services, addresses the requirements of this component. Compliance was evident in review of detainee medical records.
58.	<ul> <li>(MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify:</li> <li>The conditions under which restraints may be applied;</li> <li>The types of restraints to be used;</li> <li>How a detainee in restraints is to be monitored;</li> <li>The length of time restraints are to be applied;</li> <li>Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>After-incident review.</li> <li>The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form.</li> </ul>				Medical policy #1507, Restraints and Seclusion, addresses all elements of this component. There have been no episodes of restraints being used for medical or mental health purposes during the past 12 months.

PART 4 - 22. MEDICAL CARE							
Thi: pre	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
59.	<ul> <li>psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:</li> <li>Specify the duration of therapy;</li> <li>Obtain an order authorizing the administration of the drug from a Federal District Court.</li> <li>Document that less restrictive intervention options have been exercised without success;</li> <li>Detail how the medication is to be administered;</li> <li>Monitor the detainee for adverse reactions and side effects; and</li> <li>Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>				Facility policy #1501, Forced Psychiatric Medication, addresses all elements in this component. There has been no involuntary administration of psychotropic medication to any detainee during the past 12 months.		
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	$\boxtimes$			Facility policy #807, Health Assessment/Physical Examination, addresses this requirement. The current dentist provided training regarding dental screening in January 2011 to medical staff members.		
	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.				Medical policy #1113 indicates that the facility Health and Safety Officer is responsible for first aid kits in conjunction with the HSA.		
62.	An automatic external defibrillator should be available for use at the facility.				Medical policy #751, AED, addresses this requirement. There are two AEDs located within the medical clinic area.		
	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	$\boxtimes$			If a detainee refuses treatment, a refusal of treatment form is obtained. Interviews with the HSA and ICE staff confirmed that ICE representatives are routinely informed regarding detainee refusals of care.		
64.	In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.				This component is only applicable for SPCs and CDFs. In discussion with the facility administrator and HSA, confirmation was provided that meetings are held at least quarterly.		

PART 4 – 22. N	4.5				
This Detention Standard ensures that detainees have a prevention and health education, so that their health care	needs a	to a contil are met in	nuum a time	or nealth care services, including ly and efficient manner.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	$\boxtimes$			Medical policy #734, BioHazardous Waste Management, addresses compliance with applicable local, state and federal regulations. SteriCycle is used by this facility.	
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.				There is a Continuous Quality Improvement (CQI) program at the facility in keeping with the U.S. Public Health Service (DIHS) Performance Improvement Program.	
PART 4 – 22, N	EDICA	LCARE			
☑ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sou	irces us	sed, etc.)			
Medical, nursing, pharmacy, and mental health services are managed at this facility by the Division of Immigrant Health Services (DIHS). There is a combination of DIHS officers and other contractual professional staff. In discussions with medical and correctional staff, both voiced good collaboration. There were few grievances from detainees regarding medical, dental, or mental health services. Those detainees interviewed, had no complaints regarding the medical, dental, or mental health services received. There are policies and procedures from the facility, the medical department and DIHS which support working together to provide adequate care to all detainees in a timely manner.					
The staffing pattern is adequate and all medical staff was familiar	with the	eir job desc	ription	s and aware of their scope of practice.	
The facility is currently accredited by the American Correctional Association (ACA) with a re-inspection due in November 2011.					
Numerous detainee files were reviewed for compliance on the topics of intake screening, tuberculosis screening, mental health screening, dental screening, 14-day physicals, detainee consents, continuity of care of chronic care clinic, and suicidal detainees. Additional files of detainees who were referred to the medical department after Oleoresin Capsicum (OC) Spray had been					
Numerous detainee files were reviewed for compliance on the top screening, dental screening, 14-day physicals, detainee consents,	pics of in continui partmen	ntake screen ty of care o t after Oleo	ing, tu f chror	berculosis screening, mental health ic care clinic, and suicidal detainees.	

There is no co-pay system in place at this facility since all detainees are ICE detainees.

The medical unit was clean, neat, and organized at the time of the inspection. There is a correctional officer present within the medical unit to promote a safe and secure atmosphere.

The local hospital is LaSal		proximately two miles from the facility.
(b)(6), (b)(7)c eptember Reviewer's Signature / [	(b)(6), (b)(7)c	

	PART 4 – 23. PERSONAL HYGIENE						
the	This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.						
	Components	Meets Standard	Does Not Meet Standard	<b>V</b> N	Remarks		
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.  The supply of these items exceeds the minimum required for the number of detainees.				Facility policy 11.1.3, Detainee Clothing, Bedding, Linen Supplies, and Hygiene Kits, provides written procedures for the issuance of clothing and personal hygiene items. Observations support that clothing and linen issued are in compliance with the PBNDS. The supply of these items exceeds the minimum required for the number of detainees housed at the facility.		
2.	<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum:</li> <li>One uniform shirt and one pair of uniform pants or one jumpsuit.</li> <li>One pair of socks.</li> <li>One pair of underwear (daily change).</li> <li>One pair of facility-issued footwear.</li> </ul>	$\boxtimes$			The bulleted items in this component are only applicable to SPCs and CDFs. This facility issues all new detainees three uniform shirts and pants, three pairs of socks, three pairs of new underwear, three new bras (females), one pair shower shoes, and one pair of facility issued footwear. The color of the uniform depends on the classification status of the detainee.		
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.			$\boxtimes$	The component is only applicable for SPCs and CDFs. Additional clothing will be issued, as necessary, for changing weather conditions or as seasonally appropriate.		
4.	New detainees are issued clean bedding, linens and towels, at a minimum:  One mattress  One blanket  Two sheets  One pillow  One pillowcase  One towel  Additional blankets, based on local weather conditions.				The bulleted items in this component are only applicable to SPCs and CDFs. Facility policy 11.1.3 states that each detainee is to receive clean bedding and linens to include two sheets, pillow and pillowcase, one mattress, and sufficient blankets to provide comfort under existing temperature controls.		
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.				Articles for personal hygiene maintenance are available to all detainees free of charge. Gender specific items are also available.		

PART 4 – 23. PERSONAL HYGIENE						
This Detention Standard ensures that each detained is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.						
Components	Meets Standard	Does Not Meet Standard	ΝΆ	Remarks		
<ul> <li>6. Toilet facilities are:</li> <li>Clean</li> <li>Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.</li> </ul>				Toilet facilities were observed to be clean and can be used without staff assistance 24 hours per day. The facility currently houses females in two dorms. Those dorms have four toilets each with a detainee capacity of 80 per dorm. This ratio does not meet the requirements of the component.		
<ul> <li>7. Bathing facilities are:</li> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.</li> <li>ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.</li> </ul>				Bathing facilities were clean and operate with temperatures between 100 and 120 degrees F. Operable temperature documentation was reviewed and demonstrated compliance with the component. Water temperatures are checked on a daily basis. The washbasin ratio is adequate. The washbasin is a combo unit which also contains a toilet and is provided in each cell. However, the shower ratio of 1:12 in Falcon A and Eagle A dorms is inadequate. Each dorm houses 48 detainees. However, there are only two showers within each dorm which does not meet the minimum ratio.		
<ol> <li>Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.</li> </ol>	$\boxtimes$			There is an ADA equipped cell within the Short Stay Unit in the medical department.		
<ul> <li>9. Detainees are provided clean clothing, linen and towels.</li> <li>Socks and undergarments - daily.</li> <li>Outer garments - twice weekly.</li> <li>Sheets - weekly.</li> <li>Towels - weekly.</li> <li>Pillowcases - weekly.</li> <li>10. Food service detainee volunteer workers are permitted</li> </ul>	$\boxtimes$			Laundry exchange is provided twice weekly. However, detainees are provided sufficient garments to ensure clean clothing.		
to exchange outer garments daily.				This component is only applicable for SPCs and CDFs. Outer garments can be changed, as needed.		

PART 4 – 23. PER	Badul Alexander	ar dan da bala	12 L 14		
This Detention Standard ensures that each detainee is able the provision of adequate bathing facilities and the issuand and personal hygiene items.					
Components	Meets Standard	Does Not Meet Standard	AM	Remarks	
Volunteer detainee workers are permitted to exchanges of outer garments more frequently.				This component is only applicable for SPCs and CDFs. Outer garments are washed at least twice weekly, with a maximum of 72 hours between changes.	
PART 4 – 23. PER	PART 4 – 23, PERSONAL HYGIENE				
☑ Meets Standard   ☐ Does Not Meet Standard   ☐ N/A     ☐Repeat Finding					
☑ Meets Standard ☐ Does Not Meet St	andaro	I 🗌 N/A	<b>\</b>	Repeat Finding	
Remarks: (Record significant facts, observations, other sou The facility provides clean, appropriate clothing and bedding that	rces us	sed, etc.)	on to al	detainees.	
Remarks: (Record significant facts, observations, other sou	rces us is in go needed in it staff a detaine	sed, etc.)  pod condition  for kitchen  assistance 2  e capacity	on to al workers 4 hours of 80 pe	detainees.  s or for those requiring outer garments.  per day. The facility currently houses or dorm. This ratio does not meet the	
Remarks: (Record significant facts, observations, other sour The facility provides clean, appropriate clothing and bedding that There are provisions for more frequent exchanges of clothing as a Toilet facilities were observed to be clean and can be used without females in two dorms. Those dorms have four toilets each with a	rces us is in go needed in it staff a detaine	sed, etc.)  pod condition  for kitchen  assistance 2  e capacity	on to al workers 4 hours of 80 pe	detainees.  s or for those requiring outer garments.  per day. The facility currently houses or dorm. This ratio does not meet the	

PART 4-24. SUICIDE PREVENTION AND INTERVENTION						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
<ol> <li>The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.</li> </ol>				Suicide prevention and intervention is addressed in facility policy 4.1.7 and medical policy #1505, Suicide Prevention.		
<ul> <li>2. At a minimum, the Program shall include procedures to address: <ul> <li>Intake screening and referral requirements;</li> <li>The identification and supervision of suicide-prone detainees;</li> <li>Staff training requirements;</li> <li>The management and reporting of suicidal incidents, suicide watches, and deaths;</li> <li>Provision of safe housing for suicidal detainees;</li> <li>Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;</li> <li>Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.</li> <li>Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior.</li> </ul> </li> </ul>				A review of curricula for suicide prevention and intervention revealed all bulleted elements of this component are addressed.		
<ol> <li>Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.</li> </ol>	$\boxtimes$			Training records of both medical and correctional staff indicated that every new staff member receives suicide prevention training during orientation an on an annual basis.		
<ul> <li>4. Training prepares staff to:</li> <li>Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Effective communication between correctional and health care personnel,</li> <li>Necessary referral procedures,</li> <li>Housing observation and suicide-watch level procedures,</li> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> <li>Reporting and written documentation procedures.</li> </ul>				A review of training content and discussions with correctional and medical staff confirmed that training addresses all elements within this component.		

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Companents	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li> <li>Screening does not occur later than one working day after the detainee's arrival.</li> <li>Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.</li> </ul>				Only health care providers screen detainees for suicide potential as part of the admission process.		
<ol> <li>Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.</li> </ol>	$\boxtimes$			There are written procedures as reflected in medical policy #1505, Suicide Prevention. Medical chart reviews revealed compliance with this component.		
<ol> <li>Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.</li> </ol>	$\boxtimes$			Medical policy #1505 states that only appropriate mental health staff can return a detainee to general population.		
The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			The designated isolation room is located within the Short Stay Unit. Upon discussion with the HSA and correctional staff, it was determined if there is a detainee on suicide watch, a correctional officer is assigned to provide a continuous watch of that detainee.		
<ol><li>The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.</li></ol>	$\boxtimes$			The designated isolation room was inspected and had no structures or smaller items that could be used in a suicide attempt.		
10. Medical staff have approved the room for this purpose.	$\boxtimes$			Use of the designated isolation room has been approved by the medical staff.		
<ol> <li>Staff observes and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.</li> </ol>				Correctional staff constantly watches the detainee and documents at least once every 15 minutes.		
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.				Required correctional and medical documentation is maintained on suicide watch detainees.		

PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION					
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	ΥN	Remarks	
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance				Both facility staff and ICE representatives confirmed that ICE is advised of detainees on a suicide watch.	
Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.				There are procedures in place requiring a mortality review and a critical incident debriefing occur regarding every completed or serious suicide attempt.	
PART 4 – 24. SUICIDE PREV	ENTION	AND INT	ERVE	NTION	
	andard	I □ N/A	١	☐ Repeat Finding	
Remarks: (Record significant facts, observations, other sou	ırces us	sed, etc.)			
The facility has an adequate and appropriate suicide prevention prevention and intervention.	rogram	that include	es train	ing and procedures specific to suicide	
There have been no actual or serious attempts of suicide by detain	nees in t	he past 12 1	months		
There have been detainees placed on a suicide watch based upon an expression of suicidal thoughts. A review of detainee medical records showed that proper housing, assessment, and interventions were completed.					
The Psychiatrist advised that all correctional and medical staff ar potentially suicidal detainees.	e adequa	ately trained	i to rec	ognize signs and symptoms of	
(b)(6), (b)(7)c September 22 Reviewer's Signature / Da					
(b)(6), (b)(7)c					

·	PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH							
fata	This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.  Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.							
QE:	components	Meets Standard	Does Not Meet Standard	N/K	Remarks			
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.				In discussion with the HSA, ICE is notified of any detainee who is chronically or terminally ill.  Disposition regarding placement is based on an ICE decision.			
2.	The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition.  The detainee's location.  The visiting hours and rules at that location.				The appropriate ICE official promptly notifies the next-of-kin of the detainee's medical condition and location, and visiting regulations.			
3.	There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives.  These guidelines include instructions for detainees who wish to have a living will.  These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.	×			DIHS policy 11.1.6, Custodial Death Report/Terminal Illness, addresses all elements of this component.			
4.	There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$			Medical policy #862 addresses "Do Not Resuscitate" orders.			
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				Medical policy #862 requires that detainees with a DNR receive maximal therapeutic efforts short of resuscitation.			
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				The HAS advised that the facility will notify ICE of any detainee with a "Do Not Resuscitate" order.			
7.	The facility has written procedures to address the issues of organ donation by detainees.	×			Medical policy #208, Organ Donation by a Detainee, addresses organ donation.			
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	$\boxtimes$			Medical policy #834, Procedures Following the Death of a Detainee, addresses this requirement.			
9.	The facility has a policy and procedure to address the death of a detainee while in transport.				The facility policy that addresses the death of a detainee while in transport is 10.1.14, Transportation of Detainees.			

PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	, AND DEATH	
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.  Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ol> <li>At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.</li> </ol>				The ICE representative indicated a detainee's remains are disposed of in accordance with the provisions in this standard.	
<ul> <li>11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.</li> <li>If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.</li> </ul>	$\boxtimes$			Per discussion with the ICE representative, an indigent's burials are consistent with local procedures.	
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				Per discussion with the ICE representative, the detainee's death certificate is placed in the A-File.	
<ul> <li>13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</li> <li>Performance of an autopsy.</li> <li>Person(s) to perform the autopsy.</li> <li>Obtaining State approved death certificates.</li> <li>Local transportation of the body.</li> </ul>				Medical policy #834, Procedures Following the Death of a Detainee, describe all elements in this component.	
14. ICE staff follows established procedures to properly close the case of a deceased detainee.				Per discussion with the ICE representative, there are established procedures to properly close the case of a deceased detainee.	
PART 4 – 25. TERMINAL ILLNESS, A	ADVAN	CE DIREC	TIVES	S, AND DEATH	
⊠ Meets Standard ☐ Does Not Meet St	andard	I 🗌 N/A	١	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) The facility has medical policies and procedures addressing terminal illness, advanced directives, and death.  Both correctional and medical policy and procedure address Terminal Illness, Advance Directives, and Death.  There have been no detainee deaths at this facility in the past 12 months.  Overall, the facility complies with September 22, 201					
Reviewer's Signature / Date (b)(6), (b)(7)c					

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

## **Section V ACTIVITIES**

- 26 Correspondence and Other Mail
- 27 Escorted Trips for Non-Medical Emergencies
- 28 Marriage Requests
- 29 Recreation
- 30 Religious Practices
- 31 Telephone Access
- 32 Visitation
- 33 Voluntary Work Program

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL							
Th rep	This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	$\boxtimes$			The requirement for correspondence rules to be posted in each housing or common area is specific to SPCs and CDFs. However, the rules and procedures are posted in housing units and common areas. This information is also included in the detainee handbook.		
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.						
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	$\boxtimes$					
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	Ø					
5.	Staff maintains a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility maintains a logbook.		
6.	Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.				Opening and inspections incoming mail without the detainee present is only applicable for SPCs and CDFs. Staff inspects all general correspondence without the detainee being physically present. Legal mail is opened in the presence of the detainee.		
7.	Staff does not read incoming general correspondence without the Facility Administrator's prior approval.				This component is only applicable for SPCs and CDFs. However, staff does not read incoming general correspondence without prior approval and only under rare circumstances.		
8.	Staff does not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	×			When Special Correspondence is required to be opened, the detainee is present.		
9.	Staff is prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.						

This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal					
representatives, government offices, and consular officials	consist	ent with th	e safe	and orderly operation of the facility.	
Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
10. Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				The requirement to inspect outgoing mail without the detainee present is specific to SPCs and CDFs.  However, outgoing mail is routinely inspected and checked without the detainee present when there is reason to believe there may be contraband.	
<ol> <li>Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.</li> </ol>					
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.				The requirement to notify the sender of rejected incoming mail is specific to SPCs and CDFs.  However, written notice is sent to the sender and addressee.	
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.					
<ol> <li>Staff maintains a written record of every item removed from detainee mail.</li> </ol>				A written record is maintained in an electronic logbook.	
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.				Written records are maintained appropriately and the handling of contraband is monitored. Records were accurate and up to date.	
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	$\boxtimes$			A receipt is issued as reflected in policy and operational practice.	
<ol> <li>Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.</li> </ol>					
18. Staff provides the detainee a copy of his or her identity document(s) upon request.				"	
<ol> <li>Staff disposes of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".</li> </ol>	$\boxtimes$				
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.					

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
	This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	$\boxtimes$	-		There is no limit on the amount of general or Special Correspondence allowed to be mailed.	
<ol> <li>The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.</li> </ol>	$\boxtimes$	:[]			
<ol> <li>SMU detainees have the same correspondence privileges as general population.</li> </ol>	$\boxtimes$			11 11 11	
24. Detainees have access to outside publications.				The only publications detainees can have access to are authorized material provided directly from the vendor.	
PART 5 – 26. CORRESPON	IDENC	E AND OT	HER	VAIL	
	andard	I 🗌 N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sou	rces us	sed, etc.)			
Mail is received and delivered five days per week.					
Incoming correspondence containing prohibited items is returned	to the s	ender, and	the deta	ninee is notified.	
Special correspondence is handled in a manner consistent with th	e policy	'.			
The only publications detainees can have access to are authorized material provided directly from the vendor.					
The only publications detainees can have access to are authorized	materia	ai provided	unccu	, 1. 0.1. 4.1. ( 0.1. 0.1 )	
The only publications detainees can have access to are authorized Overall, the facility complies with the PBNDS regarding Correspondent		_		, 2. 0.2. 0.20 ( 0.2.002)	

PART 5 - 27 ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
This Detention Standard permits detainees to maintain to detainees emergency staff-escorted trips into the commuto attend their funerals.	unity to v	isit criticali	ly ill me	embers of the immediate family or		
☑ Standard NA: Check this box if all ICE Non-Medica Field Office or Sub-Office in control of the detained of	ıl Emerg ase.	ency Esc	orted	Trips are handled only by the ICE		
Components	Meets	Does Not Meet Standard	N/A	Remarks		
<ol> <li>The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:         <ul> <li>Funeral</li> <li>Deathbed</li> </ul> </li> </ol>						
<ol> <li>The facility recognizes as "immediate family member"         <ul> <li>a parent (including stepparent or foster parent),</li> <li>brother, sister, child, and spouse (including common-law spouse).</li> </ul> </li> </ol>	l —					
<ol><li>The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.</li></ol>						
<ol> <li>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.</li> </ol>						
<ol><li>Detainees who require overnight housing are placed in approved IGSA facilities.</li></ol>						
6. Each escort detail includes at leas (b)(7)e fficers.						
<ol><li>The detainee remains under constant, direct visual supervision of escorting staff.</li></ol>						
<ol> <li>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.</li> </ol>						
<ol> <li>Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.</li> </ol>	-					
<ol> <li>Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.</li> </ol>						

PART 5-27. ESCORTED TRIPS F	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES						
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.							
Standard NA: Check this box if all ICE Non-Medical Field Office or Sub-Office in control of the detainee ca	Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard	Does Not Meet Standard	<b>VN</b>	Remarks			
11. Escort officers ensure that detainees:							
<ul> <li>Conduct themselves in a manner that does not bring discredit to ICE/DRO.</li> </ul>							
<ul> <li>Do not violate federal, state, or local laws.</li> </ul>							
<ul> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants.</li> </ul>		<u> </u>					
<ul> <li>Do not arrange to visit family or friends unless approved before the trip.</li> </ul>			L.,				
<ul> <li>Make no unauthorized phone calls.</li> </ul>							
<ul> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.</li> </ul>							
<ol> <li>The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.</li> </ol>							
<ol> <li>Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.</li> </ol>							
<ol> <li>The Field Office Director is the approving official for all non-medical escorted trips.</li> </ol>							
15. Facility procedures comply with the following ICE Standards:							
<ul> <li>Transportation (Land Transportation</li> <li>Restraints applied strictly in accordance with the</li> </ul>							
Use of Force Standard.							
PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDICA	\L EM	ERGENCIES			
☐ Meets Standard ☐ Does Not Meet St	andard	⊠ N/A		☐Repeat Finding			
Remarks: (Record significant facts, observations, other sou All escorted trips for non-medical emergencies are handled by IC							
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(b)(6), (b)(7)c  September 3 3 30 11 Fit  Reviewer 8 Signature / Date							
(b)(6), (b)(7)c							

PART 5 - 28 MARRIAGE REQUESTS								
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.								
Components	Meets Standard	Does Not Meet Standard	M	Remarks				
<ol> <li>The Field Office Director or Facility Administrate considers detainee marriage requests on a case-by case basis.</li> </ol>				Detainee marriage requests are forwarded to the ICE FOD for consideration.				
<ol> <li>The Field Office Director reviews every marriag request rejected by a Facility Administrator or IGSA Rejections are documented.</li> </ol>				The ICE FOD is responsible for approving or rejecting detainee marriage requests.				
<ol> <li>It is standard practice to require a written request for permission to marry.</li> </ol>	or 🖂			All detainee marriage requests must be submitted in writing to the Warden's office.				
<ol> <li>The written request includes a signed statement of comparable documentation from the intended spouse confirming marital intent.</li> </ol>								
<ol> <li>The Facility Administrator provides a written copy of his or her decision to the detainee and his or her lega representative.</li> </ol>				The ICE FOD provides a written copy of his/her decision to the detainee.				
<ol><li>When permission is denied, the Facility Administrate states the basis for his or her decision along wit instructions on how the detainee can file an appeal.</li></ol>	h 🛛							
<ol> <li>The Facility Administrator provides the detainee with place and time to make wedding arrangements.</li> </ol>	a 🛮			If a detainee marriage request is approved, the detainee is permitted a place and time to make wedding arrangements with assistance from the facility's religious coordinator.				
<ol><li>The detainee handbook explains the marriage reques process.</li></ol>	st 🖂							
<ol> <li>In SPCs the Facility Administrator or highest rankin ICE official on-site is the only officer authorized t approve a request to marry.</li> </ol>				This component is only applicable for SPCs. The facility forwards all detainee marriage requests to the ICE FOD for approval or denial.				
PART 5-28. MARRIAGE REQUESTS								
⊠ Meets Standard ☐ Does Not Meet	Standard	I N/A	\	☐Repeat Finding				
Remarks: (Record significant facts, observations, other sources used, etc.)								

All detainee marriage requests are forwarded to the ICE Field Office Director for final approval or denial. The detainee is informed of the Field Office Director's decision in writing. If approved, the facility religious coordinator assists the detainee in making wedding arrangements.

The process for a detainee to submit a marriage request is explained in the detainee handbook.

Ove	rall,	the t	facility	compli	es with	the P	RNDS	regardin	o Mar	riage :	Req	uests
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PART 5 - 29. RECREATION								
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.  If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	<ul><li>The Facility provides:</li><li>An indoor recreation program.</li><li>An outdoor recreation program.</li></ul>				The facility provides indoor and outdoor recreation to the detainees seven days a week.			
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility has two recreational specialists on staff.			
3.	Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			Recreational equipment is checked twice daily to ensure it is in the proper working condition.			
4.	The recreational specialist or trained equivalent supervises detained recreation workers.							
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.				The recreational specialist ensures that detainees in the SMU have the same equipment as general population. If there are security concerns, detainees are issued drawing paper and crayons for their cell.			
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	$\boxtimes$			Dayrooms have board games, cards, and television. In addition, the recreational specialist advised that the facility has just purchased a sponge type bowling game to be used by the detainees in the dayroom.			
	Outside activities are restricted to limited-contact sports.	$\boxtimes$			Detainees are permitted to play basketball and soccer in the outside yards.			
8.	Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$			Detainees are offered recreation seven days a week.			
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	$\boxtimes$			Detainees have access to outside recreation seven days a week.			
10.	Staff checks all items for damage and condition when equipment is returned.	$\boxtimes$						
11.	Staff conducts searches of recreation areas before and after use.	$\boxtimes$			Searches of the recreation areas are conducted by both security staff and the recreational specialist before and after detainee use.			

PART 5-29.						
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.						
☑ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
12. Recreation areas are under constant staff supervision.				Security staff is present in the recreation areas at all times when detainees are present.		
13. Supervising staff are equipped with radios.						
<ol> <li>The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.</li> </ol>				Detainees in the SMU receive at least one hour of recreation, seven days a week.		
<ol> <li>Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.</li> </ol>				The facility has never revoked a detainee's recreation privileges.		
<ol> <li>Special programs or religious activities are available to detainees.</li> </ol>						
<ol> <li>All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.</li> </ol>				All volunteers are required to complete an orientation program before they are permitted entry to the facility.		
<ol> <li>Visitors, relatives or friends of detainees are not allowed to serve as volunteers.</li> </ol>						
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			$\boxtimes$	Outdoor recreation is provided.		
<ol> <li>If yes, written procedures ensure timely review of all eligible detainees.</li> </ol>			$\boxtimes$	Outdoor recreation is provided.		
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			$\boxtimes$	Outdoor recreation is provided.		
<ol> <li>The Facility Administrator documents all detainee- transfer decisions, whether yes or no.</li> </ol>			$\boxtimes$	Outdoor recreation is provided.		
<ol> <li>The detainee's written decision for or against an offered transfer documented in his or her A-file.</li> </ol>			$\boxtimes$	Outdoor recreation is provided.		
<ol> <li>Staff notifies the detainee's legal representative of his or her decision to accept/decline a transfer.</li> </ol>			$\boxtimes$	Outdoor recreation is provided.		
<ol> <li>If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.</li> </ol>				Outdoor recreation is provided.		
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			$\boxtimes$	Outdoor recreation is provided.		
<ol> <li>The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.</li> </ol>			$\boxtimes$	Outdoor recreation is provided.		
PART 5 - 29.	RECRE	ATION	<u> 14 k</u>			

	⊠ Meets Standard	☐ Does Not Meet Stan	dard 🗌 N/A	☐Repeat Finding
The facili dayrooms dayrooms	ty has two recreational specialist.  The recreational specialist	advised that the facility has ju one hour of outside recreation	provided various board ast purchased a foam	ard games, cards, and television in the bowling game that will be used in the Detainces in the SMU receive one hour of
Detainees	in the SMU that are a securi	ty threat are given paper and	crayons for use in th	eir cell.
Detainees	interviewed were pleased w	ith the recreation available to	them at the facility.	
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Reviewe	r's Signature / D			
		(b)(6), (b)(7)c		

Fig.	PART 5 - 30. RELIGIOUS PRACTICES						
opp	This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.						
	Components	Meets Standards	Does Not Meet Standards	*	Remarks		
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.				The facility allows detainees to engage in the religious services of their choice. There are English and Spanish services available. The facility also makes bibles available in all languages including Spanish, Russian, and Chinese.		
2.	Space is available for detainees to participate in religious services.				Religious services are held in the multi-purpose room of the facility.		
<b>3</b> . ●	The facility allows detainees to observe the major "holy days" of their religious faith.  List any exceptions.						
4.	<ul> <li>The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions.</li> <li>Honoring fasting requirements.</li> <li>Facilitating religious services.</li> <li>Allowing activity restrictions.</li> </ul>			$\boxtimes$	This component is only applicable for SPCs and CDFs. The facility does accommodate religious holy day observances and complies with all of the bulleted areas identified in the component.		
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	×					
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.				The facility conducts security checks of all volunteers before they are permitted to participate in detainee programs.		
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	$\boxtimes$					
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.				Detainees in the SMU are visited by the volunteer ministers in the unit.		
	RELIGIOUS	PRACT	rices				
The fa	Remarks: (Record significant facts, observations, other sources used, etc.) The facility provides religious services for detainees. The facility attempts to accommodate all religious denominations. They purrently have volunteer Christian. Jewish and Muslim ministers available to the detainees. The facility is able to provide detainees.						

currently have volunteer Christian, Jewish and Muslim ministers available to the detainees. The fact Bibles in all languages including Spanish, Russian and Chinese.

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Reviewer's Signa	ture / Date	(b)(6), (b)(7)

	ART 5 – 31. TELEPHONE ACCESS					
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.						
	Components	Meets Standard	Does Not Meet Standard	ΝΆ	Remarks	
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	$\boxtimes$			Detainee telephones are available for use from 0600 to 2245 each day.	
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	$\boxtimes$			The telephone access policy is described in the detainee handbook.	
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.					
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	$\boxtimes$			Based on observation of documentation posted in the housing units, the facility is in compliance with the component.	
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	$\boxtimes$				
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	$\boxtimes$				
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	$\boxtimes$			Written documentation in the housing unit logbook supports daily phone checks by facility staff.	
8.	Telephones are located a reasonable distance from televisions.					
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	×				
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.				A telephone service technician is available on-site at the facility.	
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	$\boxtimes$			Upon request, detainees are allowed to use an alternate telephone located outside the housing unit to conduct legal telephone calls.	
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.					
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.					
14.	Special Access calls are at no charge to the detainees.	⊠				
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.				Special access telephone calls are available, upon request.	

ART 5 - 31, TELEPHONE ACCESS					
This Detention Standard ensures that detainees may mai providing them reasonable and equitable access to teleph			famil	ies and others in the community by	
Components	Meets Standard	Does Not Meet Standard	W	Remarks	
No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".				an aren eta a eran eta	
Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.				Facility policy describes the procedures to enable telephone calls between verified family members.	
18. All telephone restrictions are documented.				Staff reported no telephone restrictions have been implemented in the past 12 months.	
<ol> <li>The facility has a system for taking and delivering emergency detainee telephone messages.</li> </ol>					
20. Phone call messages are given to detainees as soon as possible.					
21. Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$			Facility policy describes procedures which are consistent with policy.	
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.					
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.				Detainees in disciplinary segregation are allowed access to a detainee telephone on a daily basis.	
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	$\boxtimes$				
<ol> <li>Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.</li> </ol>					
26. When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.					
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	$\boxtimes$			The OIG telephone number was tested in two different housing units and found to be operational.	
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis				Supportive documentation verifying ICE staff checks phone serviceability was available for review.	
PART 5 – 31. TEI	EPHOI	NE ACCES	SS		
	tandard	d 🗆 N/A	<b>A</b>	☐Repeat Finding	

A sufficient number of telephones are available in each housing unit for detainee use. In the segregation unit, both a stationary and mobile telephone are available for detainee use. The mobile telephone was tested to ensure OIG access was obtainable and found to be fully operational.

All general access telephone calls are monitored, as reflected by postings by the telephone.

Legal calls are not monitored and can be made at an alternate location when requested.

(b)(6), (b)(7)c September 22, 2011

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

14 - 15 11 - 140 - 10	PART 5 - 32 VISITATION						
Thi con	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
	Components	Meets Standard	Does Not Meet Standard	ΑN	Remarks		
1.	There is a written visitation procedure, schedule, and hours for general visitation.				Visits from friends and family are available on Saturdays and Sundays from 8:00 a.m. to 4:00 p.m. and on holidays from 1:00 p.m. to 5:00 p.m.		
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	$\boxtimes$			Visitation is generally 30 minutes in duration. Facility policy states all general visits should be at least 30 minutes in duration.		
3.	The visitation schedule and rules are available to the public.	$\boxtimes$			The visitation schedule is available on the public website and in the lobby of the facility.		
4.	The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$					
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	$\boxtimes$					
6.	A general visitation log is maintained.				General and legal visits are documented in a log maintained in the visitation area and front lobby.		
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	$\boxtimes$					
8.	A visitor dress code is available to the public.						
9.	Visitors are searched and identified according to standard requirements.				All visitors are subject to search.		
10.	The requirement on visitation by minors is complied with.	$\boxtimes$					
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.				Minors are allowed to visit when accompanied by an adult.		
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			$\boxtimes$	Minors are allowed to visit.		
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	$\boxtimes$					
14.	Detainees in special housing are afforded visitation.						
15.	Legal visitation is available seven (7) days a week, including holidays.				Legal visits are available daily from 6:00 a.m. to 11:00 p.m.		
16.	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.						

PART This Detention Standard ensures that detainees will		VISITA	<u> </u>	throu	ch visitation with their families, the		
community, legal representatives, and consular officials, within the constraints of safety, security, and good order.							
Components		Meets Standard	Does Not Meet Standard	NA	Remarks		
On regular business days, detainees are give option of continuing a meeting with a representative through a scheduled meal.				.31 14-4	in the state of th		
18. Private consultation rooms are available for attempted meetings. There is a mechanism for the detaine his/her representative to exchange documents.							
<ol> <li>There are written procedures governing det searches.</li> </ol>	ainee						
20. Legal representatives and assistants are subject non-intrusive search – such as a pat-down sear the person or a search of the person's belonging any time for the purpose of ascertaining the preson contraband.	rch of gs - at	$\boxtimes$					
21. Per the Standard, prior to each visit, legal se providers and assistants are identified.	ervice						
<ol> <li>The current list of pro bono legal organization posted in the detainee housing areas and appropriate areas.</li> </ol>		$\boxtimes$					
<ol> <li>SPCs and CDFs shall submit written requests for from domestic or international organizations associated with detention issues to the appro Field Office Director for approval.</li> </ol>	and				This component is only applicable for SPCs and CDFs. However, requests are submitted to the FOD for approval of tours from external organizations.		
24. Provisions for NGO visitation as stated in Detention Standards are complied with.	n the	$\boxtimes$					
<ol> <li>Law enforcement officials, requesting to visit v detainee, are referred to the ICE Facility Adminis for approval.</li> </ol>		$\boxtimes$					
26. Former detainees or aliens in proceedings, reque to visit with a detainee, are referred to the F Administrator or ICE Field Office.		$\boxtimes$			Facility policy describes approved procedures consistent with the component.		
PART	5 – 32	VISIT	ATION				
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							
Remarks: (Record significant facts, observations, other sources used, etc.) General visits are allowed on the weekends and holidays in a non-contact format. Children are allowed to visit when accompanied by an approved adult.							
Legal visits are allowed seven days per week in a direct contact format.							
Detainees are subject to a pat-down search after every visit,  (b)(6), (b)(7)c  September 22, 2  Reviewer's Signature / Date  (b)(6), (b)(7)c							

FOR CLAW ENFORCEMENT SENGE 2012 FOI A03030.020976
G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

	PART 5 – 33. VOLUNTARY WORK PROGRAM						
nu leg (O	This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections:  Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page						
3 6	and move to next section.						
	Components	Meets Standard	Does Not Meet Standard	¥N.	Remarks		
1.	The facility has a voluntary work program.	$\boxtimes$			Facility policy 8.1.1, Voluntary Work Program, explains the facility voluntary work program.		
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	$\boxtimes$			Housekeeping plans were posted in all detainee housing units. Housing units were clean and well maintained at the time of the inspection.		
3.	At IGSAs detainees are never allowed to work outside the secure perimeter.  SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.				The portion of this component requiring detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision is specific to SPCs and CDFs. Detainees are not permitted to work outside of the secure perimeter of the facility.		
4.	<ul> <li>Written procedures govern selection of detainees for the Voluntary Work Program.</li> <li>The same procedures apply for replacement workers as for "new" workers.</li> <li>Staff follows written procedures.</li> </ul>				Facility policy 8.1.1, Voluntary Work Program, provides written procedures for the selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for new workers. Facility staff follows written procedures for hiring detainee workers.		
	Where possible, physically and mentally challenged detainees participate in the program.				The facility does include physically and mentally challenged detainees in the Voluntary Work Program.		
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.				This component is only applicable for SPCs and CDFs. The facility does comply with the work hour requirements. Detainees' work does not exceed eight hours a day or 40 hours a week.		
7.	Detainee volunteers ordinarily work according to a fixed schedule.						

<del> </del>	PART 5 – 33, VOLUNT	PART 5 – 33, VOLUNTARY WORK PROGRAM					
numbe legally (OSH/	This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.  Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page						
3 and	move to next section.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
pla de	a detainee is removed from a work detail, staff aces the written justification for the action in the etainee's detention file.	$\boxtimes$			If a detainee is removed from a work detail, the written justification is sent to the Voluntary Work Coordinator. The justification is maintained in the Voluntary Work Coordinator's office and a copy is placed in the detainees detention file.		
tha res	aff, in accordance with written procedure, ensures at detainee volunteers understand their sponsibilities as workers before they join the work ogram.	$\boxtimes$			All detainees receive training on their assignment before they are permitted to start work. Detainee signatures are required to verify completion of the training.		
10. Th	ne voluntary work program meets: OSHA standards NFPA standards ACA standards				This component is only applicable for SPCs and CDFs. The facility fire and safety officer ensures compliance with OSHA standards, NFPA standards and ACA standards.		
	edical staff screen and formally certifies detainee od service volunteers; Before the assignment begins As a matter of written procedure				All detainees are medically screened for work in the food service during their initial medical exam upon reception to the facility.		
	etainees receive safety equipment/ training sufficient r the assignment						
	oper procedure is followed when an ICE detainee is ured on the job.	$\boxtimes$			Facility policy 8.1.1, Voluntary Work Program, contains written procedure to follow if an ICE detainee is injured on the job.		
	PART 5 - 33. VOLUNTA	RY W	ORK PRO	GRAN	1		
	☑ Meets Standard   Does Not Meet Standard   N/A   Repeat Finding						

The facility employs numerous detainees through the Voluntary Work Program. Applications for Voluntary Work Assignments are available in all housing units. The application explains the pay for a job, the medical clearance required, and the classification level required to hold each job.

Detainees are trained before they are permitted to start any job.

All detainees are medically cleared for prospective jobs during their initial physical exam.

The detainee handbook describes the facility Voluntary Work Program.

(b)(6), (b)(7)c Sep	otember 22, 2011
Reviewer's Signature	
	(b)(6), (b)(7)c

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

## **Section VI JUSTICE**

- 34 Detainee Handbook
- 35 Grievance System
- 36 Law Libraries and Legal Material
- 37 Legal Rights Group Presentations

	PART 6-34. DETAINEE HANDBOOK						
ma pro	This Detention Standard requires that, upon admission, every detained be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detaineds acknowledge receipt of those materials:						
	Compenents	Meets Standard	Does Not Meet Standard	NA	Remarks		
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.				Each detainee receives the ICE National Detainee Handbook and the facility handbook during the intake process.		
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.				The detainee handbook is available in English and Spanish.		
3.	A procedure for requesting interpretive services for essential communication has been developed.						
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	×			Orientation materials are provided to detainees that cannot read via audio and video recordings in the intake area.		
5.	The handbook supplements the facility orientation video where one is provided.				The orientation video is available in both English and Spanish.		
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	$\boxtimes$			The handbook is reviewed and revised annually. Immediate revisions are posted on the housing unit bulletin boards. Staff is informed by facility e-mail.		
7.	There is an annual review of the handbook by a designated committee or staff member.	$\boxtimes$			The facility compliance officer is responsible for the yearly review of the handbook.		
8.	<ul> <li>The detainee handbook address the following issues:</li> <li>Personal Items permitted to be retained by the detainee.</li> <li>Initial issue of clothes, bedding and personal hygiene items.</li> <li>How to access care.</li> </ul>	$\boxtimes$					
	The detainee handbook states in clear language 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.	$\boxtimes$			The handbook states that detainees will receive a medical examination within 14 days of admission.		
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	$\boxtimes$					

PART 6 - 34. DET	<u> </u>		. 14 To 14 To			
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	×					
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.						
<ol> <li>The handbook describes barber hours and hair cutting restrictions.</li> </ol>	$\boxtimes$					
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.						
17. The handbook addresses religious programming.						
<ol> <li>The handbook states times and procedures for commissary or vending machine usage. (where available)</li> </ol>	$\boxtimes$					
<ol><li>The handbook describes the detainee voluntary work program.</li></ol>				The handbook explains the voluntary work program.		
<ol> <li>The handbook describes the library location and hours of operation and law library procedures and schedules.</li> </ol>						
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.						
<ol> <li>The handbook/supplement provides local ICE contact information.</li> </ol>						
23. The handbook describes the facility contraband policy.						
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	$\boxtimes$					
25. The handbook describes the correspondence policy and procedures.						
<ul> <li>26. The handbook describes the detainee disciplinary policy and procedures, including:</li> <li>Prohibited acts and severity scale sanctions.</li> <li>Time limits in the Disciplinary Process.</li> <li>Summary of Disciplinary Process.</li> </ul>				The detainee handbook explains the disciplinary policy and procedures to include all bulleted items in this component.		

PART 6-34. DETA	NINEE I	HANDBOC	Ж		
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials, that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
<ul> <li>27. The grievance section of the handbook explains all steps in the grievance process – Including:</li> <li>Informal (if used) and formal grievance procedures;</li> <li>The appeals process;</li> <li>In CDFs procedures for filing an appeal of a grievance with ICE.</li> <li>Staff/detainee availability to help during the grievance process.</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul>				The specific portion of this component requiring procedures for filing an appeal of a grievance with ICE is specific to CDFs. The detainee handbook explains all of the bulleted items in the component regarding the grievance process. The facility is not a CDF.	
28. The handbook describes the medical sick call procedures for general population and segregation.					
<ul> <li>29. The handbook describes the facility recreation policy including:</li> <li>Outdoor recreation hours.</li> <li>Indoor recreation hours.</li> <li>In dorm leisure activities.</li> <li>Rules for television viewing.</li> </ul>					
<ol> <li>The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.</li> </ol>	$\boxtimes$				
31. The handbook specifies the rights and responsibilities of all detainees.	$\boxtimes$				
32. Detainees are required to sign for the handbook to ensure accountability.				Detainees are required to sign acknowledging receipt of both handbooks. In addition to signing for the two handbooks, all detainees are photographed holding both the ICE National Detention Handbook and the facility handbook.	
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	$\boxtimes$			Orientation materials are provided to illiterate detainees via audio and video tapes in the intake area.	
PART 6 - 34. DET/	AINEE	HANDBOO	)K		
⊠ Meets Standard ☐ Does Not Meet St	andard	I N/A		☐Repeat Finding	

The facility handbook was revised on June 30, 2011. The handbook is comprehensive and clearly all areas required by the PBNDS.

Detainees receive both the ICE National Detention Handbook and the facility handbook during the intake process. The facility requires the detainees to sign acknowledging receipt of both handbooks. Additionally, the detainee is photographed holding both two handbooks.

Immediate revisions to the handbook are posted on all detainee housing units. Revisions to the handbook were observed on the housing unit bulletin boards during this inspector's tour of the facility.

Staff is informed of revisions via facility e-mails.

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

September 22, 2011

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

	PART 6 - 35. GRIEVANCE SYSTEM						
	This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees are informed about the facility's informal and formal grievance system.	$\boxtimes$			The facility grievance system is explained in the detainee handbook and the orientation video.		
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	$\boxtimes$					
3.	<ul> <li>The grievance section of the handbook explains all steps in the grievance process – Including:</li> <li>Informal and formal grievance procedures;</li> <li>The appeals process and step-by-step procedures;</li> <li>Staff/detainee availability to help during the grievance process</li> <li>Guarantee against staff retaliation for filling/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Justice.</li> <li>How to file an emergency grievance.</li> </ul>				All of the bulleted items in this component are explained in the detainee handbook.		
4.	Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	$\boxtimes$					
5.	Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.  Detainees may seek help from other detainees or facility staff when preparing a grievance.  Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.				The detainee handbook addresses these requirements.		
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	X			Facility policy 9.1.3, Detainee Grievance Procedures, provides written procedures for the handling of emergency grievances.		
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	$\boxtimes$					
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.				This is explained in facility policy 9.1.3, Detainee Grievance Procedures, and in the detainee handbook.		

PART 6 - 35. GRIEVANCE SYSTEM					
This Detention Standard protects detainees' rights and ens they may file formal grievances and receive timely respon		ey are treal	ed fair	ly by providing a procedure by which	
Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
<ul> <li>9. Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complains" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>				The Administrative Lieutenant is responsible for maintaining a detainee grievance log. Nuisance complaints or grievances are not identified. All grievances are investigated.	
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.					
<ol> <li>Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.</li> </ol>				All grievances involving staff misconduct are immediately forwarded to a supervisor for review and/or investigation.	
<ol> <li>Informal resolution of a written grievance is documented in the detainee's Detention File.</li> </ol>					
13. Staff complies with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.				All allegations of staff misconduct are reported immediately to a supervisor. ICE is informed of any accusations of staff misconduct.	
<ul> <li>14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</li> <li>In all facilities written procedures cover detainee appeals and are included in the detainee handbook</li> </ul>				The portion of the component requiring a detainee to file an appeal with the ICE Facility Administrator when he/she does not accept the grievance committee's decision is specific to SPCs and CDFs. The detainee may appeal a grievance decision to the Warden within five days of receiving the Detainee Grievance Committee's decision. This is explained in the detainee handbook.	
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.			$\boxtimes$	This component is only applicable for SPCs and CDFs. The detainee has five days to file a formal grievance after an informal grievance outcome.	
PART 6 – 35. GRI	EVANO	E SYSTE	M		
☑ Meets Standard ☐ Does Not Meet St	andard	I 🔲 N/A		Repeat Finding	

The facility grievance system is explained in the detainee handbook and in the orientation video shown to all detainees during in processing.

Detainee grievance forms are available in both English and Spanish in all of the housing units.

Detainees have ample opportunity to settle grievances informally.

The Administrative Lieutenant maintains a grievance log for all grievances filed. However, nuisance complaints are not specifically identified in the log. All grievances are investigated.

Any allegation of staff misconduct is immediately forwarded to a supervisor for review and/or investigation.

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

	PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL						
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.						
	Components	Meets Standard	Does Not Meet Standard	N.A	Remarks		
1.	The facility provides a designated law library for detainee use.						
2.	The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.  • In lieu of/or in addition to the physical law library,	$\boxtimes$			The facility maintains current LexisNexis software to provide Attachment A materials. Therefore, there is no requirement to post the		
	ICE detainees have access to the Lexus Nexus electronic law library.				listing of materials.		
3.	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:						
	<ul> <li>Operable computers and printers, in sufficient numbers in order to provide access</li> </ul>						
	Photocopiers, and		ł Į	:			
	Supplies for both.	<u> </u>	1				
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.				The law library is located in a designated room that contains proper lighting, space, and sufficient seating.		
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	$\boxtimes$			The law library contains two typewriters, four computers, and supplies which are available to all detainees.		
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.						
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	$\boxtimes$			The facility subscribes to LexisNexis to provide legal material software.		
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.						
	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.				ICE personnel are available and routinely provide inspections, updates, and materials, as needed.		
10	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.				Documentation reviewed indicated detainees were offered a minimum of five hours per week in the law library.		

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ens	uring th	eir access	to cou	urts, counsel, and legal materials	
Components	Meets Standard	Does Not Meet Standard	Š	Remarks	
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.				<u></u>	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.				Detainees are allowed to assist other detainees at no cost to the requesting detainee.	
13. Staff ensures that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.					
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.					
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.					
16. All denials of access to the law library fully documented.				Staff reported no denials have occurred. However, if there was a denial, it would be fully documented.	
17. Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	$\boxtimes$				
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	$\boxtimes$				
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.				Free envelopes are available in the law library and free postage is available through the mail room for indigent detainees.	
PART 6 – 36. LAW LIBRAR	IES AN	D LEGAL	MATE	RIAL	
☑ Meets Standard  ☐ Does Not Meet Standard  ☐ N/A   ☐Repeat Finding					
Remarks: (Record significant facts, observations, other sources used, etc.)  The facility maintains a law library that contains both law library books and updated LexisNexis software. The LexisNexis software was tested and found to be operational. Detainees have access to the spacious law library by initially submitting a detainee request. The law library request is responded to in a timely manner as evidenced by documentation reviewed. Appropriate equipment and supplies consistent with the standard were available in the law library.					
Reviewer's Signature / Date (b)(6), (b)(7)c	29				

(LAW ENFORCEMENT SENSITIVE) (A03030.020989 G-324A (Coded 10132010) Detention Review Worksheet - Rev. 5/11/09

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

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by enpersons and organizations for the purpose of informing the	suring t em of L	heir acces I.S. immig	s to in ration	formation presented by authorized law and procedures.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
☐ Check here if No Group Presentations were conducted Acceptable overall and continue						
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.						
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	, 🗆					
<ol> <li>A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request</li> </ol>						
<ol> <li>The facility maintains equipment for viewing approved electronically formatted presentations.</li> </ol>						
PART 6 - 37. LEGAL RIGHT	S GRO	UP PRESI	ENTA	TIONS		
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						
Remarks: (Record significant facts, observations, other souther have been no group presentations provided during the past (b)(6), (b)(7)c  September (b)(6), (b)(7)c						

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

## Section VII ADMINISTRATION & MANAGEMENT

- 38 Detention Files
- 39 News Media Interviews and Tours
- 40 Staff Training
- 41 Transfer of Detainees

PART 7 - 38 DETENTION FILES					
This Detention Standard contributes to efficie booked into a facility for more than 24 hours	nt and respon a file of all sig	sible fa nificani	cility mana Linformatio	geme on abo	nt by maintaining for each detainee ut that person
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
A Detention File is created for every new a stay will exceed 24 hours.	arrival whose				A detention file is created for every ICE detainee admitted into the facility.
<ol> <li>The detainee Detention File contains eithe copies of documentation and forms gene the admissions process.</li> </ol>					Detention files contained both originals and copies of documentation generated during the admission process.
<ul> <li>3. The detainee's Detention File also documents generated during the detainer</li> <li>Special requests</li> <li>Any G-589s and/or I-77s or IGSA closed-out during the detainee's stay</li> <li>Disciplinary forms/Segregation forms</li> <li>Grievances, complaints, and the disp same</li> </ul>	e's custody. equivalent, osition(s) of	$\boxtimes$			
The Detention Files are located and maissecured area. If not the cabinets are located distribution of the keys is limited to supervise the supervise of the located and maissecured area.	ockable and				The portion of this component requiring detention files be in lockable cabinets and the key distribution to be limited to supervisors if the files are not located in a secure area is specific to SPCs and CDFs. The detention files are maintained in a secure location. The cabinets are lockable and the keys are restricted.
5. The Detention File remains active detainee's stay. When the detainee is re the facility, staff adds copies of comple documents, the original closed-out r property and valuables, the original I-385 c and other documentation.	leased from ted retease eceipts for				The detention files include the I-203-B forms documenting detainee release. However, these forms are not consistently placed in the detention file in a timely manner. These forms on detainees released on and after September 1, 2011, had not been placed in the file as of September 20, 2011. This issue was immediately corrected when ICE personnel were notified. All other appropriate documentation was provided.
<ol><li>The officer closing the Detention File make that the file is complete and ready to be a</li></ol>	rchived.	$\boxtimes$			The files that are closed are properly marked with a cover page that describes the file as being closed.
<ol> <li>Staff make copies and sends documents when appropriately requested by personnel at the receiving facility or office</li> </ol>	supervisory	$\boxtimes$			

PART 7 - 38, D	PART 7 = 38. DETENTION FILES						
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.							
Components	Meets Standard	Does Not Meet Standard	N.	Remarks			
8. Appropriate staff has access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.			<u>  2 311</u>	Mini-Advin New York, Inc. Co., Section 1992, 1992, 1993, 1993, 1993, 1993, 1993, 1993, 1993, 1993, 1993, 1993,			
Electronic record-keeping systems and data are protected from unauthorized access.				-			
10. Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.							
<ol> <li>Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.</li> </ol>							
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.				All equipment is maintained in the proper working order.			
<ol> <li>The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.</li> </ol>							
<ol> <li>Archived files are purged after six years by shredding or burning.</li> </ol>	$\boxtimes$						
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.							
PART 7 - 38. D	ETENTI	ON FILES					
⊠ Meets Standard ☐ Does Not Meet S	tandard	I □ N/A	١	☐Repeat Finding			
Remarks: (Record significant facts, observations, other sources used, etc.)  The detention files are maintained in a professional and secure manner and are restricted to authorized personnel only. Files contain applicable admission, release, and other documents generated during the incarceration. Detention files of detainees released are maintained separately.							
Overall, the facility complies with the PBNDS regarding Detent  (b)(6), (b)(7)c  September 22, 2011  Reviewer's Signature  (b)(6), (b)(7)c	ion Files.						

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS					
This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.					
Components	Meets Standards	Does Not Meet Standards	ΝA	Remarks	
The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.				There was one detainee interview conducted by News Media over the past year. The interview took place on January 7, 2011. ICE personnel verbally reported that approval had been given by the FOD. However, no documentation was available to verify approval. The standards states in part that ICE shall normally act on the request in writing within 48 hours of the written request.	
<ol> <li>All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.</li> </ol>				In one instance, the News Interview Authorization form signed by the detainee authorizing an interview was provided. However, since the detainee was no longer at the facility, the files were not available for review.	
<ol> <li>The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.</li> </ol>			$\boxtimes$	No special interest, high profile or controversial interview was conducted during the period of time under review.	
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.				A signed release form was available for review.	
<ul> <li>5. All press pools are organized `according to the procedures in the Detention Standard.</li> <li>A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action.</li> <li>All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.</li> <li>All material generated from such a press pool is made available to all news media, without right of first publication or broadcast.</li> </ul>					
PART 7 - 39. NEWS MEDIA	INTER	VIEWS AI	ND TO	URS	
	andard	I ∐ N/A		☐Repeat Finding	

The facility had one documented detainee news media interview that occurred on January 7, 2011. A release form signed by the detainee was available for review.

No documentation was available to document that the interview was approved by the Field Office Director. However ICE personnel reported that verbal approval was received. The standard states in section A4, Personal Interviews, ICE shall normally act on the request, in writing, within 48 hours of the written request.

Based on staff interviews, policy reviews and documentation provided, it appears verbal approval of the news media interview was received. However, no written request from the news media was available and no written response acknowledging approval from the ICE FOD was provided as required in the standard. Overall, the facility complies with the PBNDS regarding New Media Interviews and Tours.

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September

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

	PART 7 – 40. STAFF TRAINING						
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	$\boxtimes$			Facility policy 4.1.1, Training and Staff Development, provides written procedures to ensure all staff receive appropriate orientation, initial training, and annual training.		
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	$\boxtimes$			Security staff receives 120 hours of initial training. Non security staff receives 80 hours of initial training. All staff receives 40 hours of annual in service training.		
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	$\boxtimes$			The Facility Training Administrator is responsible for coordinating and overseeing the staff development and training program.		
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	$\boxtimes$					
5.	An accurate and complete record is maintained of all formal training activities in:  Individual training folders,  Other training records systems, and/or  Electronic systems.	×			All training is documented in the individual staff member's training folder. A record is also maintained on a computer program in the Facility Training Administrator's Office.		

PART 7 – 40. STAFF TRAINING  This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
<ul> <li>6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Drug-free Workplace</li> <li>Health-related emergencies</li> <li>Signs of Suicide risk and precautions</li> <li>Suicide prevention and intervention</li> <li>Hunger strikes</li> <li>Use of Force</li> <li>Keys and Locks</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>Orientation and training on detainee handbook and detainee rights.</li> <li>Requirement of special-needs detainees.</li> <li>National Detention Standards</li> </ul> </li> </ul>				A review of the LaSalle Detention Facility's Training Plan and curriculum showed that all of the bulleted items in this component are covered in the orientation program.		

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

PART 7 – 40. STAFF TRAINING							
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
Components	Meets Standard	Does Not Meet Standard	WA	Remarks			
<ul> <li>8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: <ul> <li>Security procedures and regulations</li> <li>Code of Ethics</li> <li>Health-related emergencies</li> <li>Drug-free workplace</li> <li>Supervision of detainees</li> <li>Signs of suicide risk and hunger strike</li> <li>Suicide precautions</li> <li>Use-of-force regulations and tactics</li> <li>Report writing</li> <li>Detainee rules and regulations</li> <li>Key control</li> <li>Rights and responsibilities of detainees</li> <li>Safety procedures</li> <li>Emergency plan and procedures</li> <li>Interpersonal relations</li> <li>Social/cultural lifestyles of the detainee population</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Communication skills</li> <li>Cardiopulmonary resuscitation (CPR)/First aid</li> <li>Counseling techniques</li> <li>Sexual harassment/sexual misconduct awareness.</li> <li>National Detention Standards.</li> </ul> </li> </ul>				A review of the facility training plan and employee training records confirmed the staff identified in the component received training in all areas of the bulleted items.			

PART 7 - 40. STAFF TRAINING							
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
Components	Meets Standard	Does Not Meet Standard	MA	Remarks			
<ol> <li>Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes:</li> </ol>			<del></del> .	A review of the facility training plan and employee training records confirmed that all full time health care employees received at least 40 hours of orientation. The orientation included all of the bulleted items in the component.			
<ul> <li>The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations</li> </ul>							
<ul> <li>Key control; appropriate conduct with detainees</li> </ul>							
Responsibilities and rights of employees							
Standard precautions     Occupational agreement							
<ul><li>Occupational exposure</li><li>Personal protective equipment</li></ul>							
Bio-hazardous waste disposal							
Overview of the detention operations.							
National Detention Standards.							
Medical grievance procedures and protocol.							
<ul> <li>Requirement for special needs detainees.</li> </ul>							
Code of Ethics							
Drug free workplace							
<ul> <li>Hostage situations and staff conduct if taken hostage.</li> </ul>							

PART 7 - 40. ST	refra estima		oden. Na Ud			
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
<ul> <li>10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: <ul> <li>Security procedures and regulations</li> <li>Supervision of detainees</li> <li>Searches of detainees, housing units, and work areas</li> <li>Signs of suicide risk, precaution, prevention and intervention.</li> <li>Code of Ethics</li> <li>Health-related emergencies</li> <li>Drug-free workplace</li> <li>Suicide precautions</li> <li>Self-defense techniques</li> <li>Use-of-force regulations and tactics</li> <li>Report writing</li> <li>Detainee rules and regulations</li> <li>Key control</li> <li>Rights and responsibilities of detainees</li> <li>Safety procedures</li> <li>Emergency plans and procedures</li> <li>Interpersonal relations</li> <li>Social/cultural lifestyles of the detainee population</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Communication skills</li> <li>Cardiopulmonary resuscitation (CPR)/first aid</li> </ul> </li> </ul>				A review of the facility training plan and employee training records confirmed that all security personnel, including contractors, received training in all of the bulleted items in the component.		
<ul> <li>Counseling techniques</li> <li>Sexual abuse/assault awareness</li> <li>National Detention Standards.</li> </ul>						
Situation Response Teams (SRTs) receive:     Specialized training before undertaking their assignments.						
Facility management and supervisory staff receive:     Management and Supervisory training						
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.				(b)(7)e		

PART 7 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>(MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.</li> </ol>				All staff qualified to use firearms must re-qualify annually.		
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.				(b)(7)e		
<ul> <li>16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using illegal drugs.</li> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> <li>Procedures to be used to ensure compliance.</li> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> </ul>				A review of the facility training plan and employee training records confirmed staff is receiving training on the facility's drug-free workplace program. The contents include training on all of the bulleted items.		
<ul> <li>Penalties for violation of the policy.</li> <li>17. New staff is required to acknowledge in writing that they have reviewed and understand the facility's drugfree workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.</li> </ul>	$\boxtimes$					
<ul> <li>18. All staff is trained during orientation and annually thereafter, regarding the facility's code of ethics.</li> <li>Typical contents are: <ul> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using their official positions to secure privileges for themselves or others.</li> <li>Engaging in activities that constitute a conflict of interest.</li> <li>Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family.</li> <li>Acceptable behavior in the areas of campaigning, lobbying or political activities.</li> </ul> </li></ul>	$\boxtimes$			A review of the facility's training plan and employee training records confirmed all staff are trained during orientation and annually on the facility's code of ethics.		
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	$\boxtimes$			A review of employee training records showed that staff were acknowledging in writing that they received and understand areas identified in this component.		

PART 7 - 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: <ul> <li>Recognizing of signs of potential health emergencies and the required responses.</li> <li>Administering first aid and cardiopulmonary resuscitation (CPR).</li> <li>Obtaining emergency medical assistance through the facility plan and its required procedures.</li> <li>Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.</li> <li>The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.</li> </ul> </li></ul>				A review of the facility training plan and review of employee training records confirmed that staff in frequent contact with detainees is trained annually to respond to health related emergencies. The training is offered by the medical department.  The course content includes all of the bulleted items in the component.		
<ul> <li>21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: <ul> <li>Understanding that sexual abuse or assault is never an acceptable consequence of detention.</li> <li>Recognizing housing or other situations where sexual abuse or assault may occur.</li> <li>Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences.</li> <li>Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.</li> </ul> </li></ul>				Staff at the facility receives quarterly training on the Prison Rape Elimination Act (PREA).		

PART 7 – 40. STAFF TRAINING							
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
Components	Meets Standard	Does Not Meet Standard	X	Remarks			
<ul> <li>22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:</li> <li>Identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Communication between correctional and health care personnel,</li> <li>Referral procedures,</li> <li>Housing observation and suicide-watch level procedures, and</li> <li>Follow-up monitoring of detainees who have attempted suicide.</li> </ul>				All staff at the facility receives annual Suicide Prevention and Intervention training.  The course content contains all of the bulleted items in the component.			
23. All staff is trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.							
24. All staff is trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	$\boxtimes$						
<ul> <li>25. Through ongoing (at least annual) training, all detention facility staff is made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: <ul> <li>The requirements of this Detention Standard</li> <li>The use of force continuum</li> <li>Communication techniques</li> <li>Cultural diversity</li> <li>Dealing with the mentally ill</li> <li>Confrontation-avoidance techniques</li> <li>Approved methods of self-defense</li> <li>Force cell-move techniques</li> <li>Communicable diseases, particularly precautions to be taken for use of force</li> <li>Application of restraints (progressive and hard)</li> <li>Reporting procedures.</li> </ul> </li></ul>				A review of the facility training plan and employee training records confirmed that all staff in contact with detainees receives training to control situations involving aggressive detainees.  The course content contains all of the bulleted items in the component.			

PART 7 = 40. S  This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra	nd volu		comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	MA	Remarks
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.				The facility does have a college reimbursement plan for employees.
PART 7 – 40. S	TAFF T	RAINING	1797 1738	
☑ Meets Standard ☐ Does Not Meet St	andard	I N/A	<b>.</b>	Repeat Finding
Remarks: (Record significant facts, observations, other south the facility has a comprehensive training plan for all employees, hour orientation program before entering the facility. All employeomputer program in the Training Administrator's Office. Employees All staff is required to attend at least 40 hours of in-service training.	Irces us All nev ee train	sed, etc.) w employee ing records ning record	s, contrare ma	ractors, and volunteers must attend a 4 intained both in hard copy and on a
Remarks: (Record significant facts, observations, other south The facility has a comprehensive training plan for all employees, hour orientation program before entering the facility. All employ computer program in the Training Administrator's Office. Employees.	Irces us All nev ree train byee train	sed, etc.) w employee ing records ning record	s, contrare ma	ractors, and volunteers must attend a 4 intained both in hard copy and on a

PA	PART 7-41, TRANSFER OF DETAINEES								
This Detention Standard ensures that responsibly managed in regard to notific and personal property.	This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.								
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks				
<ol> <li>When a detainee is represented by legal representative, and a G-28 h representative of record is notified Deportation Officer within 24 hours</li> <li>The notification is recorded in the When the A-File is not availal noted within ENFORCE.</li> </ol>	as been filed, the by the detainee's of transfer. ne detainee's file				The detainee receives a copy of the Detainee Transfer Notification, a copy is placed in the A-file and the facility receives a copy.				
<ol><li>Notification includes the reason for the location of the new facility,</li></ol>	the transfer and	$\boxtimes$							
<ol> <li>The deportation officer is allowed distinct the timing of the notification was circumstances are involved.</li> </ol>		$\boxtimes$							
<ol> <li>The attorney and detainee are noti responsibility to notify family mem transfer.</li> </ol>		$\boxtimes$			The Transfer Notification form advises the detainees that it is his/her responsibility to notify family members of the transfer.				
<ul> <li>5. Facility policy mandates that:</li> <li>Times and transfer plans are ne the detainee prior to transfer.</li> <li>The detainee is not notified of immediately prior to departing the calls or have contact with any general population.</li> </ul>	the transfer until he facility. make any phone				Facility policy 10.1.14, Transportation of Detainees, provides written procedures on transferring detainees. The policy addresses all of the bulleted items in component.				
<ol><li>The detainee is provided with a contransfer Notification Form.</li></ol>	mpleted Detainee	$\boxtimes$							
<ol><li>Form G-391 or equivalent authorizing detainee from a facility is used.</li></ol>	g the removal of a	$\boxtimes$							
<ul> <li>8. For medical transfers:</li> <li>The Division of Immigration (DIHS) Medical Director or designation transfer.</li> <li>Medical transfers are coordin local ICE/DRO office.</li> <li>A medical transfer summary is accompanies the detainee.</li> <li>Detainee is issued a minimum prescription medications.</li> </ul>	gnee approves the ated through the s completed and of 7 days worth of	$\boxtimes$			Medical Transfers are coordinated between IHSC, ICE, and the facility. In the case of a medical transfer, adherence to all of the bulleted items of the component occurs.				
<ol> <li>Detainees are transferred with a consummary sheet in a sealed er detainee's name and A-number and marked Medical Confidential.</li> </ol>	velope with the								

PART 7 - 41. TRANS	FER O	F DETAIN	EES	
This Detention Standard ensures that transfers of deta responsibly managed in regard to notifications, detainee reand personal property.	inees fi cords,	om one f safety and	acility securi	to another are professionally and ly, and protection of detainee funds
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
For medical transfers, transporting officers receive instructions regarding medical issues.				In the case of a medical transfer, transport officers are briefed by medical staff regarding any medical issues.
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.				
12. Transfer and documentary procedures outlined in Section C and D are followed.				
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				"
<ol> <li>Meals are provided when transfers occur during normally schedule meal times.</li> </ol>				Sack lunches are provided.
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	$\boxtimes$			A work folder always accompanies a detainee when transferred. If the A-file does not accompany the detainee, it is sent next day via overnight mail.
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				
PART 7 - 41. TRANS	FER O	F DETAIN	EES	
⊠ Meets Standard ☐ Does Not Meet St	andard	I N/A	١.	☐Repeat Finding
Remarks: (Record significant facts, observations, other soon The facility works closely with ICE to ensure transfers of detained receives proper notification regarding a transfer. All proper second Detained property is forwarded with the detained to his/her future (b)(6), (b)(7)c September 22 Reviewer's Signature / Date	es comp rity mea	oly with the sures are fo		
(b)(6), (b)(7)c				

A. Type of Facility Reviewed

Estimated Man-days Per Year

369,322



☐ ICE Service Processing Center				
ICE Contract Detention Facility				
	G. Accreditati			
			editation[s] recei	ved:
B. Current Inspection			ciation 01-12-09	
Type of Inspection	Check box i	f facility has r	no accreditation[s	<u> </u>
Field Office HQ Inspection				
Date[s] of Facility Review	H. Problems /	Complaints	(Copies must be	attached)
September 20-22, 2011			rder or Class Act	
	Court Order		Class Action Or	
C. Previous/Most Recent Facility Review			itigation Pending	
Date[s] of Last Facility Review	Major Litiga	tion $\square$	Life/Safety Issue	es
October 12-14, 2010	Check if No	ne.	<u> </u>	<u>.:</u>
Previous Rating	T TO 111. THE			
Meets Standards Does Not Meet Standards	I. Facility His	itory		
	Date Built			
D. Name and Location of Facility	1998	111 77		
Name LaSalle Detention Facility	Date Last Remo 05-13-10	aeiea or Upgi	raded	
Address (Street and Name)				
830 Pinehill Road	Date New Const	ruction / Beas	space Added	
City, State and Zip Code	05-13-10	de Die d		
Jena, LA 71342	Future Construc		. 16	
County	Const Dadage		ted Completion I	
LaSalle Parish	Current Bedspace 1160	1	Bedspace (# Ne	
Name and Title of Facility Administrator	1100	Numb	er: N/A Date: N/	<u>'A</u>
(Warden/OIC/Superintendent)	I Total Facili	4-, Dl-4!		
(b)(6), (b)(7)c Warden Telephone # (Include Area Code)	J. Total Facility In	ty Population	0 12	
318-85(6), (b)(7)c	26,089	ake for previo	ous 12 months	
Field Office / Sub-Office (List Office with oversight responsibilities)	·	aria fan Duarria	12	<del></del> -
New Orleans/ Oakdale	Total ICE Mand 368,891	ays for Previo	us 12 months	
Distance from Field Office	300,071	<u>.</u>		
225 miles/ 77 miles	K Classification	an Laval (IC	E SPCs and CD	E. Outo
·		L-		
E. ICE Information	Adult Male	26		L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Female	42		170
)(6), (b)(7) Lead Compliance Inspector / MGT of America, Inc.	Addit Pennale		, 13	10
Name of Team Member / Title / Duty Location	L. Facility Cap	ancity		
o)(6), (b)(7) CI-Medical Care / MGT of America, Inc.	1. Facility Cap	Rated	Operational	E
Name of Team Member / Title / Duty Location	Adult Male	1096	944	Emergency
(b)(6), (b)(7)c CI- Safety & Food Service / MGT of America, Inc.	Adult Female	232	216	1096
Name of Team Member / Title / Duty Location			enders 16 and old	232
(b)(6), (b)(7)c CI-Security / MGT of America, Inc.	Tacinty noius	Juvennes One	inders to and order	er as Auunts
Name of Team Member / Title / Duty Location	M. Average Da	ily Populatio	n	
	e e e e e e e e e e e e e e e e e e e	ICI		Other
	Adult Male	933		
F. CDF/IGSA Information Only	Adult Female	75		0
Contract Number Date of Contract or IGSA	1 Must 1 cinate	13	V	
DROIGSA-70-0015 07-24-07	N. Facility Stat	ffing I aval		
Basic Rates per Man-Day	Security:	ing Devel	Support:	
09/1/10 1+416 heads = \$75.00 / 417+1160 heads = \$45.00	(b)(7)e		(b)(7)e	
10/1/10 1+416 heads = \$71.62 / 417+1160 heads=\$44.36		<u>'</u>		·
07/1/11 1+416 heads = \$75.72 / 417+1160 heads = \$43.17				
Other Charges: (If None, Indicate N/A)				
Off Site Guard Service =\$16.75 hour; ; ;				

## Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	Physical	Physical (11) Sexual (1)
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	7	11	7	12
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	2	0	0
Number of Times Chemical Agents Used		2	2	1	4
Number of Times Special Reaction Team Deployed/Used		0	2	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		8	14	6	10
Escapes	Attempted	0	0	0	0
<b>-</b>	Actual	0	0	0	0
Grievances;	# Received	194	179	132	127
	# Resolved in favor of Offender/Detainee	43	81	56	12
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	49	51	40	32
	# Psychiatric Cases referred for Outside Care	1	0	0	0

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

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

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

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

	DHS/ICE Detention Standards Review Summary Report						
1. Meets	Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4		
PART 1 S	BAFETY						
1 Emer	gency Plans	$\boxtimes$					
2 Envir	onmental Health and Safety	$\boxtimes$					
3 Trans	sportation (By Land)						
PART 2 S	SECURITY			類的			
<del></del>	ission and Release	$\boxtimes$					
	sification System	$\boxtimes$					
	traband	×					
	lity Security and Control	$\boxtimes$					
	ds and Personal Property	×					
9 Hold	Rooms in Detention Facilities	$\boxtimes$					
10 Key	and Lock Control	$\boxtimes$					
<del></del>	ulation Counts	$\boxtimes$					
12 Post	Orders	$\boxtimes$					
13 Sear	ches of Detainees	$\boxtimes$					
14 Sexu	al Abuse and Assault Prevention and Intervention	X					
15 Spec	cial Management Units	$\boxtimes$					
16 Staff	-Detainee Communication	X					
17 Tool	Control	$\boxtimes$					
A	of Force and Restraints	×					
PART 3 C	ARDER CONTRACTOR OF THE PROPERTY OF THE PROPER						
19 Disci	plinary System	$\boxtimes$					
PART 4 C	ARE A THE ACT OF THE A		•••				
20 Food	Service	☒					
21 Hung	ger Strikes	$\boxtimes$					
	cal Care	$\boxtimes$					
23 Perso	onal Hygiene	$\boxtimes$					
	de Prevention and Intervention	$\boxtimes$					
25 Term	ninal Illness, Advance Directives, and Death						
PART 5 A	CTIVITIES TO THE STATE OF THE S	, it	2.7				
26 Corre	espondence and Other Mail	$\boxtimes$					
27 Esco	rted Trips for Non-Medical Emergencies				$\boxtimes$		
28 Marri	age Requests						
29 Recre	eation	$\boxtimes$					
30 Relig	ious Practices						
31 Telep	phone Access	$\boxtimes$					
32 Visita	ation	Ø					
33 Volur	ntary Work Program	$\boxtimes$					
PART 6 J	ÚŠTICE						
34 Detai	nee Handbook	$\boxtimes$					
	rance System	☒					
36 Law l	Libraries and Legal Material						
	Rights Group Presentations						
	DMINISTRATION & MANAGEMENT		7,0				
PART 7 A	DMINISTRATION & MANAGEMENT  ntion Files	⊠					
PART 7 A 38 Deter	1977						
PART 7 A 38 Deter 39 News	ntion Files						

#### LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signati		
(b)(6), (b)(7)c		(b)(6), (b)(7)c	
Title & Duty Location	Date		
Lead Compliance Inspector, MGT of America, Inc.	Septe	mber 22, 2011/	
grouped drawn or up spid blacker of a conque.			odinis of national
Team Members			
Print Name, Title, & Duty Location	Print N	ame, Title, & Duty Location	
(b)(6), (b)(7)c CI-Medical Care, MGT of America, Inc.		CI-Food Service & Enviror	mental Health and
		y, MGT of America, Inc.	
Print Name, Title, & Duty Location	Print N	lame, Title, & Duty Location	
(b)(6), (b)(7)c CI-Security, MGT of America, Inc.			

Recommende	ed Ra	iting:
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$\boxtimes$	Meets Standards
	Does Not Meet Standard

#### Comments:

Tasers are not authorized to be used at the facility.

Major Litigation Pending: The facility reported two major litigation issues pending at the time of the site review.

- 1) A lawsuit was filed with the United States District Court, Western District of Louisiana in August 2009, by a former ICE detainee alleging that a Correctional Officer forced him to have oral sex while at the facility. The detainee has subsequently been deported to Mexico and the employee resigned. Upon further investigation no evidence was presented to indicate the incident had occurred. The lawsuit is still pending.
- 2) A second lawsuit was filed with the United States District Court and was received in August 2011, from a former ICE detainee as a result of a sexual assault that occurred at the facility by a former staff member while the detainee was confined in the segregation unit. The male transgender detainee reported that he had been involved in a sexual incident with the former male employee. The staff member was fired and convicted based on the incident and is currently serving a sentence in a federal facility for the crime. The incident occurred in December 2010. The lawsuit is currently pending.

Two disturbances were reported to have occurred at the facility during the period of time under review.

1) On June 2, 2011, 60 ICE detainees assigned to one housing unit refused multiple direct orders issued by staff to return to their beds to stand for count which is consistent with current policy. As a result of the repeated refusal, the disturbance team was deployed, orders were issued and after further non-compliance Oleoresin Capsicum (OC) was dispensed into the housing area; and detainees were removed from the unit. The incident was videotaped. Medical personnel was contacted and all detainees were seen by medical staff. Proper procedures were followed. It was reported that detainees had previously voiced concern regarding the meal portions that were provided. No injuries were reported.

2) On June 25, 2011, ICE detainees assigned to E-Unit refused to return to their beds as ordered and wanted to continue to take their showers. As a result of the order to return to their beds, one detainee picked up the microwave located in the housing unit and threw the microwave at the television. In total, approximately 18 detainees were involved to some extent in the incident. The disturbance team was activated and OC pepper fogger agent was applied after continued refusal to comply with orders. Medical personnel was contacted and all detainees were seen by medical staff and appropriate detainees were placed in segregation. No major injuries were reported.

Estimated Man-days Per Year

369,322



A. Type of Facility Reviewed		*		
ICE Service Processing Center				
ICE Contract Detention Facility				
ICE Intergoveromental Service Agreement	G. Accreditation	n Certificat	PS	
23 Total governmental but wee right entert	List all State or N			ived:
B. Current Inspection	American Correct			
Type of Inspection	Check box if	racinty has r	no accreditation[	<u>sj</u>
Field Office HQ Inspection	TT TO 11 (4	~ · · ·		
Date[s] of Facility Review	H. Problems / C			
September 20-22, 2011	The Facility is un			
······································	Court Order		Class Action Or	
C. Previous/Most Recent Facility Review	The Facility has S			
Date[s] of Last Facility Review	Major Litigati	on 📗	Life/Safety Issu	es
October 12-14, 2010	Check if Non	e. 🦠		14 <u>5.</u>
Previous Rating				
	I. Facility Hist	ory		
	Date Built			
D. Name and Location of Facility	1998			
Name	Date Last Remod	eled or Upgr	aded	
LaSalle Detention Facility	05-13-10	- 18		
Address (Street and Name)	Date New Constr	uction / Beds	snace Added	
830 Pinehill Road	05-13-10	donon, zoo.	space radou	
City, State and Zip Code	Future Constructi	on Planned		<del></del>
Jena, LA 71342	Yes No		ted Completion	Date 10/21/11
County	Current Bedspace		Bedspace (# Ne	
LaSalle Parish	1160		er: N/A Date: N	
Name and Title of Facility Administrator	1100	INUITED	er: N/A Date: N	/A
(Warden/OIC/Superintendent)	I T-4-1 E 112			
(b)(6), (b)(7)c Warden	J. Total Facilit			
Telephone # (Include Area Code)	Total Facility Inta	ike for previo	ous 12 months	
318-992-7800  Field Office / Sub-Office (List Office with oversight responsibilities)	26,089			
New Orleans/ Oakdaje	Total ICE Manda	ys for Previo	us 12 months	
Distance from Field Office	368,891			
225 miles/ 77 miles				
	K. Classification	n Le <u>vel (IC</u>		Fs Only)
E. ICE Information	75.75 # ##\? \ \	L-	1 L-2	L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	26		170
(b)(6), (b)(7)Lead Compliance Inspector / MGT of America, Inc.	Adult Female	42	13	10
Name of Team Member / Title / Duty Location				
(b)(6), (b)(7)c CI-Medical Care / MGT of America, Inc.	L. Facility Capa	acity		
Name of Team Member / Title / Duty Location		Rated	Operational	Emergency
(b)(6), (b)(7)c CI- Safety & Food Service / MGT of America, Inc.	Adult Male	1096	944	1096
Name of Team Member / Title / Duty Location	Adult Female	232	216	232
	☐ Facility holds .	uveniles Offe	enders 16 and old	
(b)(6), (b)(7)c / CI-Security / MGT of America, Inc.		<u>.</u>		
Name of Team Member / Title / Duty Location	M. Average Dai	ly Populatio	n	
	1.0 (N.D. (B.Z.) (1.0 N.) (1.1 T.)	ICI		Other
D CONTROLL III II O	Adult Male	933		0
F. CDF/IGSA Information Only	Adult Female	75		- 0
Contract Number Date of Contract or IGSA	Addit I Ciliate		. 1 0	
DROIGSA-70-0015 07-24-07	N Facility Staff	Mng Toual		
Basic Rates per Man-Day	N. Facility Staff	mg Levei	- Cumpo-t-	<del></del> ·
09/1/10 1+416 heads = \$75.00 / 417+1160 heads=\$45.00	1 1	ı	Support:	
10/1/10 1+416 heads = \$71.62 / 417+1160 heads=\$44.36	(b)(7)e		(b)(7)e	
07/1/11 1+416 heads = \$75.72 / 417+1160 heads = \$43.17	_		<del>-</del>	
Other Charges: (If None, Indicate N/A)				
Off Site Guard Service -\$16.75 hours				

## Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	Physical	Physical (11) Sexual (1)
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	7	11	7	12
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>	11 11 11 11 11 11 11 11 11 11 11 11 11	0	0	0	0
Disturbances <sup>4</sup>		0	2	0	0
Number of Times Chemical Agents Used		2	2	1	4
Number of Times Special Reaction Team Deployed/Used		0	2	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		8	14	6	10
Escapes	Attempted	0	0	0	0
2544p45	Actual	0	0	0	0
Grievances:	# Received	194	179	132	127
	# Resolved in favor of Offender/Detainee	43	81	56	12
Deaths	Reason (V=Violent, l=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	49	51	40	32
	# Psychiatric Cases referred for Outside Care	1	0	0	0

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

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

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

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

DHS/ICE Detention Standards Review Summary Report								
1.	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4			
	RT 1 SAFETY	PK)		<b>,</b> ,,,				
1	Emergency Plans	⊠						
2	Environmental Health and Safety	Ø						
3	Transportation (By Land)	Ø						
PA	RT 2 SECURITY		i	#1.				
4	Admission and Release	⊠						
5	Classification System	$\boxtimes$						
6	Contraband							
7	Facility Security and Control	$\boxtimes$						
8	Funds and Personal Property	⋈						
9	Hold Rooms in Detention Facilities							
10	Key and Lock Control							
11	Population Counts	Ø						
12	Post Orders	Ø						
13	Searches of Detainees	X						
14	Sexual Abuse and Assault Prevention and Intervention	M			i			
15	Special Management Units	X						
16	Staff-Detainee Communication	X						
17	Tool Control	X						
18	Use of Force and Restraints	X						
	HI 3 ORDER			1.2.				
19	Disciplinary System							
PA	TA CARE TO THE TAX TO		, A	Me :				
20	Food Service	$\boxtimes$						
21	Hunger Strikes	$\boxtimes$						
22	Medical Care	×						
23	Personal Hygiene	$\boxtimes$						
24	Suicide Prevention and Intervention	$\boxtimes$						
25	Terminal Illness, Advance Directives, and Death	⊠						
_	RT 5 ACTIVITIES	4	<b>#</b>					
26	Correspondence and Other Mail	$\boxtimes$						
	Escorted Trips for Non-Medical Emergencies				$\boxtimes$			
28	Marriage Requests	☒						
29	Recreation	$\boxtimes$						
30	Religious Practices	$\boxtimes$						
31	Telephone Access	⊠						
32	Visitation	X						
33	Voluntary Work Program	×						
	THE JUSTICE TO THE STATE OF THE	T		推:				
34	Detainee Handbook	Ø						
35	Grievance System		므	므				
36	Law Libraries and Legal Material	☒						
37	Legal Rights Group Presentations							
			( <u>)</u>	$\equiv$				
38	Detention Files		믜	믜				
39	News Media Interviews and Tours	×	믜					
40	Staff Training Transfer of B		므	믜				
41	Transfer of Detainees	X						

LCI Review Assurance Statement								
By signing below, the Lead Compliance Inspector (LCI) certific controls contained in the Inspection Report are supported by expoteworthy accomplishments are supported by sufficient and reoperating in accordance with applicable law and policy, and presafeguarded, except for the deficiencies noted in the report.	ridence eliable	e that is sufficient and reliable. Furthermore, findings of evidence. Within the scope of the review, the facility is						
Lead Compliance Inspector: (Print Name)	Sign							
(b)(6), (b)(7)c								
Title & Duty Location	Date	(b)(6), (b)(7)c						
Lead Compliance Inspector, MGT of America, Inc.	Sep							
Team Members								
Print Name, Title, & Duty Location	Print	Name, Title, & Duty Location						
(b)(6), (b)(7)c CI-Medical Care, MGT of America, Inc.	(b	o)(6), (b)(7)c CI-Food Service & Environmental Health and						
	Safety, MGT of America, Inc.							
Print Name, Title, & Duty Location	Print	Name, Title, & Duty Location						
(b)(6), (b)(7)c CI-Security, MGT of America, Inc.								

# Recommended Rating:

$\boxtimes$	Meets Standards
	Does Not Meet Standard

#### Comments:

Tasers are not authorized to be used at the facility.

Major Litigation Pending: The facility reported two major litigation issues pending at the time of the site review.

- 1) A lawsuit was filed with the United States District Court, Western District of Louisiana in August 2009, by a former ICE detainee alleging that a Correctional Officer forced him to have oral sex while at the facility. The detainee has subsequently been deported to Mexico and the employee resigned. Upon further investigation no evidence was presented to indicate the incident had occurred. The lawsuit is still pending.
- 2) A second lawsuit was filed with the United States District Court and was received in August 2011, from a former ICE detainee as a result of a sexual assault that occurred at the facility by a former staff member while the detainee was confined in the segregation unit. The male transgender detainee reported that he had been involved in a sexual incident with the former male employee. The staff member was fired and convicted based on the incident and is currently serving a sentence in a federal facility for the crime. The incident occurred in December 2010. The lawsuit is currently pending.

Two disturbances were reported to have occurred at the facility during the period of time under review.

1) On June 2, 2011, 60 ICE detainees assigned to one housing unit refused multiple direct orders issued by staff to return to their beds to stand for count which is consistent with current policy. As a result of the repeated refusal, the disturbance team was deployed, orders were issued and after further non-compliance Oleoresin Capsicum (OC) was dispensed into the housing area; and detainees were removed from the unit. The incident was videotaped. Medical personnel was contacted and all detainees were seen by medical staff. Proper procedures were followed. It was reported that detainees had previously voiced concern regarding the meal portions that were provided. No injuries were reported.

2) On June 25, 2011, ICE detainees assigned to E-Unit refused to return to their beds as ordered and wanted to continue to take their showers. As a result of the order to return to their beds, one detainee picked up the microwave located in the housing unit and threw the microwave at the television. In total, approximately 18 detainees were involved to some extent in the incident. The disturbance team was activated and OC pepper fogger agent was applied after continued refusal to comply with orders. Medical personnel was contacted and all detainees were seen by medical staff and appropriate detainees were placed in segregation. No major injuries were reported.

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



NOV 2 0 2011

MEMORANDUM FOR:

Philip T. Miller

Field Office Director

Now Orleans Field Office

FROM:

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

Assistant Director for Detention Management

(A)AD

SUBJECT:

· LaSalle Detention Facility Annual Review

The annual review of the LaSalle Detention Facility conducted during September 20-22, 2011, in Jena, Louisiana has been received. A final rating of <u>Meets Standards</u> has been assigned, 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 September 20, 2012.

Should you or your staff have any questions regarding this matter, please contact (b)(6), (b)(7)c Deputy Assistant Director, Detention Division at (202) 73(b)(6), (b)(7)c

cc: Official File

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