Condition of Confinement Review Worksheet (This document must be attached to each G-324A Inspection Form) This Form to be used for Inspections of all Facilities Used Over 72 Hours



ICE Detention Standards Review Worksheet

Local Jail – IGSA
State Facility – IGSA
Local Jail – IGSA State Facility – IGSA ICE Contract Detention Facility
Name
Laredo Processing Center
Address (Street and Name)
4702 East Saunders
City, State and Zip Code
Laredo, Texas 78041
County
Webb
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)c Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)c LCI, MGT of America
Date[s] of Review
From 6/7/11 to 6/9/11
Type of Review
☐ Headquarters ☐ Operational ☐ Special Assessment ☐ Other

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

SECTION I DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.				The law library and general library are combined.
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.	\boxtimes			All materials and publications were in place and Attachment A was posted.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	\boxtimes			
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	\boxtimes			Two computers were operational and three typewriters are available as well.
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	\boxtimes			LexisNexis is provided on the two facility computers.
Where provided, the Lexus Nexus library is updated and is current.	\boxtimes			The computers were both checked and are updated with Release 81 (February 23, 2011).
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.				Policy 14.8 indicates that outside published material may be submitted, and if any material related to Immigration Law or procedures are rejected, the submitter and ICE are required to be notified (in writing) of the reasons.
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	\boxtimes			The Recreation Supervisor/Law Library Coordinator has the responsibility of updating and managing the library.
Detainees are offered a minimum 5 hours per week in the law library. <u>Detainees are not required to forego recreation time in lieu of library usage</u> . Detainees facing a court deadline are given priority use of the law library.				Detainees are scheduled for time based on their unit and classification, which exceeds the minimum five hours a week. In addition, more time will be permitted upon request.
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.				Following approval by ICE, the Recreation Supervisor will secure the materials requested in a timely manner.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes			
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	\boxtimes			A translation service is available. Also, other detainees and bi-lingual staff.
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.				
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			Detainees in segregation status may use the law library upon request and under appropriate security procedures. No denials have occurred.
All denials of access to the law library fully documented.	\boxtimes			
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			Staff indicated that ICE would be notified immediately if a detainee was denied access, but no denials have occurred.

ACCESS TO LEGAL MATERIALS					
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.					
COMPONENTS YES NO NA REMARKS					
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes				
	AT-RISK			REPEAT FINDING	

Facility policy 14.8, Access to Courts, is comprehensive and provides access to legal materials for all detainees. In addition, a visit to the library and an interview with the Law Library Coordinator supported compliance with the standard.

(b)(6), (b)(7)c June 9, 2011

ADMISSION AND RELEASE

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

COMPONENTS	YES	No	NA	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				The section of the component that requires the following topics to be included in the detainee orientation is specific to SPCs or CDFs: Unacceptable activities and behavior and corresponding sanctions; how to contact ICE; the availability of pro bono legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; and sick call procedures. A video and the handbook contain all information noted in this component.
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 staff performs the screenings under the guidance of a Registered Nurse.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	\boxtimes			ICE provides the basic criminal history (Form I-213) that is used during the initial classification.
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.				
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.				Policy 9.5, Searches of Inmates and Various Locations, requires reasonable suspicion and ICE must approve a strip search.
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				Policy 9.5, Searches of Inmates and Various Locations, and Policy 14.6, Inmate/Resident Policy, provide staff direction for the handling of property.
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.				ICE is notified using form I-387. Local forms and processes are used to resolve the issue generally before the detainee leaves.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				Detainees were observed in proper uniforms and with appropriate bedding.
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.				Hygiene items are issued at Intake and are replenished in the units, as needed.
All releases are properly coordinated with ICE using a Form I-203.			\boxtimes	This component is only applicable for SPCs and CDFs. I-203 forms are in use for release from the facility.
Staff completes paperwork/forms for release as required.				
ACCEPTABLE DEFICIENT		AT-R	ISK	☐ REPEAT FINDING

Interviews with staff occurred. Reviews of policies 9.5, Searches of Inmates and Various Locations; 14.6, Inmate /Resident Policy; and 17-100, Admission/Orientation Procedures and facility procedures occurred. This coupled with observations of the facility indicated compliance with the NDS.

(b)(6), (b)(7)c June 9, 2011

CLASSIFICATION SYSTEM

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.				Facility policy 18-1, Internal Classification Assessment System, describes an objective and effective process for classification.
 The facility classification system includes: Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision. 				An interview with the Classification Lieutenant and a review of policy plus a review of ten detainee files indicated that policy and procedures were being followed and comply with the requirements of the component.
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				ICE staff provides form I-213 as well a completed ICE classification form for reference.
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.				Detainees are also dressed in color coded uniforms to keep Level 3 detainees from mixing inappropriately.
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.				Detainees are escorted to recreation by unit staff.
Detainee work assignments are based upon classification designations.				
The classification process includes reassessment/reclassification. At IGSAs, detainees may request reassessment 60 days after arrival.	\boxtimes			Policy provides reclassification as needed and at a maximum of 60 days. Detainee requests are considered at any time.
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				The portion of this component that states that a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal is specific to SPCs and CDFs. Appeals may be made and the supervisor has the authority to reduce a classification level.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy requires appeals to be completed as noted in the component.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.			\boxtimes	This component is only applicable for SPCs and CDFs. Appeals go to the Warden at this facility.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				The detainee handbook addresses the requirements noted in this component.
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING

A review of policy indicated that the facility has adopted the ICE classification system including the color coding of uniforms. Interviews with staff verified that the application of policy is followed when detainees are classified. Thus, detainees are housed in a safe and secure manner.

(b)(6), (b)(7)c / June 9, 2011

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.				The portion of this component requiring correspondence rules to be posted in the housing unit or common area is specific to SPCs and CDFs. Postings were observed in the units and the handbook covers the information as well.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.				No exceptions were noted.
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				Mail is collected and delivered to the U.S. Postal Service daily (excluding weekends and holidays).
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.				The mail room officer was observed delivering various types of mail to detainees and opening the mail in front of the detainee.
Staff does not read incoming general correspondence without the Warden's prior written approval.			\boxtimes	This component is only applicable for SPCs and CDFs. Staff does not read incoming general correspondence absent the Warden's direction.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				The mail room officer was observed delivering "special" mail to a detainee and opened it in front of the detainee, as required by policy.
Staff is prohibited from reading or copying incoming special correspondence.				Policy covers the issue adequately.
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.				Policy and practice observed both reflect compliance with the requirement of this component.
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.				
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			The requirement for the official authorizing the rejection of incoming mail to send written notice to the sender is specific to SPCs and CDFs. Both parties are notified of any rejections.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			Outgoing mail is sealed by the detainee and not generally censored.
Staff maintains a written record of every item removed from detainee mail.				, ,
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			Most items are simply returned to the sender. The few items kept are logged properly.

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	No	NA	REMARKS
The 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			No losses have been reported and a receipt is provided to the detainee for any funds received. The process does not include a receipt at the time the mail is opened in front of the detainee.
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	\boxtimes			
Staff provides the detainee a copy of his/her identity document(s) upon request.	\boxtimes			ICE is given any original identity documents. Upon request, facility facilitates the detainee receiving a copy.
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.				
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	\boxtimes			Policy has been updated to comply with the PBNDS and exceeds the amount required by the NDS component.
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	\boxtimes			The commissary has stamps available for sale.
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			All detainees are provided these writing items.
□ ACCEPTABLE □ DEFICIENT] AT-R	ISK	REPEAT FINDING

REMARKS:

A review of facility policy 16-1, Correspondence Procedures, as well as an interview with the mail room officer occurred. This confirmed that the policies and procedures in use meet the requirements of the standard. In addition, a follow-up tour with the mail room officer noted that she was properly applying the policy.

(b)(6), (b)(7)c / June 9, 2011

DETAINEE HANDBOOK

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

COMPONENTS	YES	No	NA	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	\boxtimes			The facility has the detainee handbook translated into English, Spanish, and Portuguese.
The handbook is supplemented by the facility orientation video, where one is provided.	\boxtimes			The orientation video is presented during intake processing and before the detainees is placed in the appropriate housing units.
All staff members receive a handbook and training regarding the handbook contents.	\boxtimes			
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			The handbooks were revised on October 25, 2010. Memos are disbursed to staff and posted in the housing units when any changes to the handbook occur.
There an annual review of the handbook by a designated committee or staff member.	\boxtimes			All department heads and executive staff conduct the annual review of the handbook.
The detainee handbook addresses the following issues: • Personal Items permitted to be retained by the detainee; and • Initial issue of clothes, bedding and personal hygiene items.	\boxtimes			
The detainee handbook states in clear language the basic detainee responsibilities.	\boxtimes			
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
The handbook states when a medical examination will be conducted.	\boxtimes			The handbook states that a medical examination will occur within 14 days of arrival.
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.	\boxtimes			
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.	\boxtimes			
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			
The handbook describes barber hours and hair cutting restrictions.	\boxtimes			Barbering is conducted between 1:00 p.m 8:00 pm. The schedule is posted in the housing units.
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			
The handbook addresses religious programming.	\boxtimes			This facility does not have a chaplain. Community volunteers provide all religious services.
The handbook states times and procedures for commissary or vending machine usage, where available.				
The handbook describes the detainee voluntary work program.	X		П	

DETAINEE HANDBOOK

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

COMPONENTS	YES	No	NA	REMARKS
The handbook describes the library location and hours of operation, and law library procedures and schedules.	\boxtimes			The library is open Monday-Sunday from 9:00 a m3:00 p.m. for Dorms 1, 2 and 3 and 4:30 p.m 8:30 p m. for Dorms 4 - 7.
The handbook describes attorney and regular visitation hours, policies, and procedures.	\boxtimes			
The handbook describes the facility contraband policy.	\boxtimes			
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.				
The handbook describes the correspondence policy and procedures.	\boxtimes			The handbook provides a thorough explanation of the correspondence policy and procedures.
The handbook describes the detainee disciplinary policy and procedures, including: • Prohibited acts and severity scale sanctions; • Time limits in the Disciplinary Process; and • Summary of the Disciplinary Process.	\boxtimes			
 The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDF facilities: procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 	\boxtimes			
The detainee handbook describes the medical sick call procedures for general population and segregation.				Sick call is conducted five days a week. Arrangements are made for medical staff to visit detainees those housed in segregation.
The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours.				
The handbook describes the detainee dress code for daily living; and work assignments.	\boxtimes			
The handbook specifies the rights and responsibilities of all detainees.				
		AT-R	JSK	REPEAT FINDING

REMARKS:

The detainee handbook incorporates all elements of the ICE standard. The handbook is available in English, Spanish, and Portuguese. Handbooks and a video orientation are provided during intake processing. Memos are sent to staff and posted in the housing units whenever any updates to the handbook occur.

	June 9, 2011
AUDITOD'S SIGNA	TIIDE / DATE

FOOD SERVICE

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

COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.				The Food Service Administrator (FSA) is ServSafe Certified. All responsibilities of the cooks and cook foremen are in writing. The FSA determines the responsibilities of the food service staff.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.			\boxtimes	This component is only applicable for SPCs and CDFs. The Assistant FSA is on duty when the FSA is off duty and vice versa.
The FSA provides food service employees with training that specifically addresses detainee-related issues. • In ICE Facilities this includes a review of the ICE "Food Service" standard				
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.				Knives are not utilized at this facility. Dough cutters are used as a means of cutting food. All tools are enclosed in approved cabinets with locking devices.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.			\boxtimes	The section of this component requiring staff to monitor the condition of knives and dining utensils is specific to SPCs and CDFs. Knives are not utilized at this facility; however, staff monitors the condition of all dining utensils and tools. A work order is submitted to the tool room officer for any tools or utensils in need of repair. The tools/utensils are then turned over to the tool room officer.
When necessary, special procedures govern the handling of food items that pose a security threat.				
Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				The food service operation is operated under a contract with Compass. Officers are assigned to the food service department to perform counts.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	\boxtimes			
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				The FSA reviewed the detainee-volunteer job descriptions on February 18, 2011.
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			
During orientation and training session(s), the CS explains and demonstrates: • Safe work practices and methods; • Safety features of individual products/pieces of equipment; and • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.				

FOOD SERVICE

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

COMPONENTS	YES	No	NA	REMARKS
The Cook Supervisor documents all training in individual				
detainee detention files.	\boxtimes		Ш	
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.	\boxtimes			The requirement for detainees to be paid in accordance with the "Voluntary Work Program" standard is specific to SPCs and CDFs. Detainees are paid \$1.00 a day for working in the Food Service Department.
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			Breakfast is served at 6:00 a m.; lunch at 11:00 a m.; and dinner at 5:00 p m.
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	This facility utilizes a satellite feeding program.
The facility has a standard 35-day menu cycle. IGSAs use a 35-day or similar system for rotating meals.	\boxtimes			The section of this component requiring a 35-day menu cycle is specific to SPCs and CDFs. This facility utilizes a 35-day menu cycle.
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	\boxtimes			The ethnic diversity in the menu includes: taco pie, corn bread, turkey, ham au gratin, stroganoff, spaghetti, and gingerbread.
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	\boxtimes			
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			
The Cook Foreman has the authority to change menu items if necessary. • If yes, documenting each substitution, along with its justification • With copy to FSA	\boxtimes			The FSA or Assistant has the authority to change menu items with items already approved by the dietician and after notifying the warden of the need for the change. All menu changes are documented.
All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. Changes to the planned common-fare menu can be made at the facility level; Hot entrees are offered three times a week; The common-fare menus satisfy nutritional recommended daily allowances (RDAs); Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items. A supervisor at the command level must approve a detainee's				The common-fare menu is available at all times for those with special dietary requirements.
removal from the Common-Fare Program.	\boxtimes			

FOOD SERVICE

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

COMPONENTS	YES	No	NA	REMARKS
The Warden, 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			
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for-Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	\boxtimes			The facility has not received a request for participation in Ramadan during the past year. Procedures are in place if a request to participate in Ramadan is received.
The food service program addresses medical diets.	\boxtimes			
Satellite-feeding programs follow guidelines for proper sanitation.				
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	\boxtimes			During observation of the noon meal temperatures of the hamburgers was 194 degrees F, baked beans were 174 degrees F, and the potato salad was 37 degrees F. All temperatures met the Food Service Standard requirements.
All meals are provided in nutritionally adequate portions.	\boxtimes			
Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
 The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food; and The sanitary operation, care, and maintenance of equipment. 				
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	\boxtimes			The FSA conducts inspections weekly of food service. Inspections are also conducted and documented by safety and maintenance staff as well as the FSA on a monthly basis.
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?				The City of Laredo Health Department completed an inspection of food service on May 4, 2011. Simplex Grinnell Suppression/Inspection of the Ansul System was conducted on May 12, 2011.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	\boxtimes			
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	\boxtimes			
Staff documents the results of every refrigerator/freezer temperature check.	\boxtimes			
The cleaning schedule for each food service area is conspicuously posted.	\boxtimes			

FOOD SERVICE				
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH				
THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	YES	No	NA	REMARKS
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.				
Storage areas are locked when not in use.	\boxtimes			
□ ACCEPTABLE □ DEFICIENT	AT-RISK		ISK	REPEAT FINDING

The food service operation is provided under a contract with Compass. The food service area was clean and orderly at the time of the inspection. A satellite feeding program is utilized. Once the food has been plated and loaded onto unit carts, the officer contacts the unit officer to pick up the cart and transport the food to the housing units. The carts are under staff supervision at all times. The detainees interviewed had no negative comments regarding the food provided by this facility. The facility meets the requirements of the standard.

(b)(6), (b)(7)c une 9, 2011

FUNDS AND PERSONAL PROPERTY

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND

RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY						
BY THE ICE FIELD OFFICE OR SUB-OFFICE	IN CON	TROL O	F THE D	ETAINEE CASE.		
COMPONENTS	YES	No	NA	REMARKS		
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).				The property room has a safe for detainee funds, a separate safe for other small valuables (i.e. watches, cell phone) and a storage area for non-valuable property.		
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.						
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal property inventory form that meets the ICE standard?						
Staff forwards an arriving detainee's medication to the medical staff.				Medication is given directly to medical staff during in-take processing.		
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.				This component is only applicable for SPCs and CDFs. Audits of baggage and non-valuable property are conducted once a month.		
(b)(7)eofficers are present during the processing of detainee funds and valuables during in-processing to the facility. (b)(7)e officers verify funds and valuables.			\boxtimes	This component is only applicable for SPCs and CDFs. (b)(7)e fficers are present and verify funds and valuables during intake processing.		
Staff searches arriving detainees and their personal property for contraband.			\boxtimes	This component is only applicable for SPCs and CDFs. Shakedowns of the arriving detainees and their personal property are conducted immediately upon arrival.		
Staff procedures follow written policy for returning forgotten property to detainees.	\boxtimes					
Property discrepancies are immediately reported to the CDEO or Chief of Security.				This component is only applicable for SPCs and CDFs. Property discrepancies are reported to the Receiving and Discharge Supervisor and up the chain of command. Policy 14.6, Inmate/Resident Property, addresses property discrepancies.		
Staff follows written procedures when returning property to detainees.						
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.						
 The facility attempts to notify an out-processed detainee that he/she left property in the facility: By sending written notice to the detainee's last known address; Via certified mail; and The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				This component is only applicable for SPCs and CDFs. ICE is notified of any property left at the facility by an out-processed detainee. The property is maintained by the facility until ICE determines the disposition of the property.		

FUNDS AND PERSONAL PROPERTY				
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.				
COMPONENTS	YES	No	NA	REMARKS
The facility disposes of abandoned property in accordance with written procedures.				The section of this component requiring
If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.				written procedures for the disposal of abandoned property is specific to SPCs and CDFs. Written procedures indicate that all abandoned property is turned over to ICE.

Once a month staff conducts an audit of all property utilizing a computer generated inventory. Any discrepancies or concerns are notated in the computer. A hard copy of the audit is not maintained. Staff notate in the Receiving and Discharge logbook when an inventory of the property has been conducted. All property bags have a numbered property tag and a copy of the inventory. Yellow tags are utilized to identify that the property belongs to female detainees and orange tags indicate property belonging to male detainees.

ICE is notified of forgotten or abandoned property. ICE determines where the detainee is located and disposition of the property. Oftentimes, the property will be shipped on the next transport. Based on observation of operations, a review of policy, and interviews with staff, the facility meets the requirements of the standard.

(b)(6), (b)(7)c June 9, 2011 AUDITOR'S SIGNATURE / DATE

DETAINEE GRIEVANCE PROCEDURES

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

COMPONENTS	YES	No	NA	REMARKS
 Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff. 				
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.				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				Staff is provided training during initial orientation and annual refresher training on how to identify emergency grievances and the procedure for expediting the grievance.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.				There are no documented or substantiated cases of staff retaliating against a detainee who filed a complaint.
 Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	\boxtimes			The section of this component that requires "nuisance complaints" to be identified in the records and for staff to document nuisance complaints received but not filed is specific to SPCs and CDFs. During the past year, only one grievance has been filed. The facility has not received any nuisance complaints. Any grievance received is documented utilizing a computer program and the log is printed.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

The facility has had only one grievance filed during the past year. The small number of grievances is attributed to the weekly town hall meetings conducted by the Unit Manager and the Recreation Supervisor in each of the housing units. During the town hall meetings, the detainees are allowed to address any concerns they may have. Staff addresses their issues, which reduces the need for detainees to file grievances.

(b)(6), (b)(7)c / June 9, 2011 AUDITOR'S SIGNATURE / DATE

GROUP LEGAL RIGHTS PRESENTATIONS

POLICY: FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUTHORIZE PERSONS TO MAKE PRESENTATIONS TO GROUPS OF DETAINEES FOR THE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WHICH INSTRUCT DETAINEES ABOUT THE IMMIGRATION SYSTEM AND THEIR RIGHTS AND OPTIONS WITHIN IT.

CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET.

COMPONENTS	YES	No	NA	REMARKS
The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.				
Upon receipt of concurrence by the Field Office Director, the				
facility or authorized ICE Field Office ensures timely and proper				
notification to attorneys or accredited representatives.				
The facility follows policy and procedure when rejecting or				
requesting modifications to objectionable material provided or				
presented by the attorney or accredited representative.				
Posters announcing presentations appear in common areas at				
least 48 hours in advance and sign-up sheets are available and			\Box	
accessible.		╽╙		
Documentation is submitted and maintained when any detainee is				
denied permission to attend a presentation and the reason(s) for			П	
the denial.				
When the number of detainees allowed to attend a presentation is				
limited, the facility provides a sufficient number of presentations				
so that all detainees signed up may attend.				
Detainees in segregation, unable to attend for security reasons,				
may request separate sessions with presenters. Such requests are	П			
documented.				
Interpreters are admitted when necessary to assist attorneys and				
other legal representatives.				
Presenters are afforded a minimum of one hour to make the				
presentation and to conduct a question-and-answer session.				
Staff permits presenters to distribute ICE-approved materials.				
Presenters are permitted to meet with small groups of detainees				
to discuss their cases after the group presentation. ICE or		l ,	l ,	
authorized detention staff is present but do not monitor				
conversations with legal providers.				
Group presenters who have had their privileges suspended are				
notified in writing by the Field Office Director or designee; and				
the reasons for suspension are documented. The Headquarters		l 🖂		
Office for Detention and Removal, Field Operations and				
Detention management Division, is notified when a group or				
individual is suspended from making presentations.				
The facility plays ICE-approved videotaped presentations on				
legal rights at regular opportunities, at the request of outside				
organizations.				
A copy of the Group Legal Rights Presentation policy, including	П			
attachments, is available to detainees upon request				
☑ ACCEPTABLE ☐ DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

There have been no requests for legal presentations during the past year.

(b)(6), (b)(7)c / June 9, 2011

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. • The supply of these items exceeds the minimum required for the number of detainees.				
 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear. 	\boxtimes			The bulleted items in this component are specific to SPCs and CDFs. Detainees are provided three pairs each of jumpsuits, socks, and underwear as well as one pair of footwear during in processing. Detainees are issued clean, temperature appropriate, clothing during in processing.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes			
New detainees are issued clean bedding, linens, and towels. They receive at a minimum: One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.	\boxtimes			The bulleted items in this component are specific to SPCs and CDFs. Detainees receive one of each: blanket, sheet, mattress, pillowcase, and towel. Additional blankets are provided based on medical requests. All new detainees are issued clean bedding, linens, and towels.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	\boxtimes			
Detainees are provided clean clothing, linen and towels. Socks and undergarments - exchanged daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.	\boxtimes			Detainees are allowed to exchange or clean clothing, linens, and towels three times a week.
Food service detainee volunteer workers are permitted to exchange outer garments daily.			\boxtimes	This component is only applicable for SPCs and CDFs. Volunteer workers in food service are permitted to exchange their outer garments on a daily basis.
Volunteer detainee workers are permitted to exchange outer garments more frequently.			\boxtimes	This component is only applicable for SPCs and CDFs. Volunteer detainee workers are permitted to exchange outer garments, as needed.
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

This facility provides detainees with more clothing and opportunities to clean their issued items than the Issuance and Exchange of Clothing, Bedding and Towels standard requires. The facility posts clothing issuances and laundry schedules in the housing units. This information is also included in the detainee handbook and in policy 14.6, Inmate/Resident Property.

(b)(6), (b)(7)c June 9, 2011

MADDIA CE DEQUECTO							
MARRIAGE REQUESTS							
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.							
COMPONENTS	YES	No	NA	REMARKS			
The Field Office considers detainee marriage requests on a case- by-case basis.	\boxtimes						
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.				There have been no marriage requests rejected during the past year. Procedures are in place to document a marriage request denial.			
It is standard practice to require a written request for permission to marry.	\boxtimes						
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes			The intended spouse is required to provide a signed statement that confirms marital intent.			
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.							
When permission is denied, the Warden/OIC states the basis for his/her decision.							
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\boxtimes			Marriages take place in the Visiting Room.			
△ ACCEPTABLE □ DEFICIENT	AT-RISK			REPEAT FINDING			
P							

Overall, the facility complies with the NDS regarding Marriage Request. There were two marriages conducted at this facility during the past year. There have been no rejections of marriage requests in the past year.

(b)(6), (b)(7)c June 9, 2011 AUDITOR'S SIGNATURE / DATE

NON-MEDICAL EMERGENCY ESCORTED TRIPS

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

STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE	CASE.			
COMPONENTS	YES	No	NA	REMARKS
The Field Office Director considers and approves, on a case-by- case basis, trips to an immediate family member's: • Funeral; or • Deathbed				
The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family".				
The IGSA facility notifies ICE of all detainee requests for non-medical escorts.				
The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.				
Each escort includes at least(b)(7)efficers.				
Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				
Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.				
Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.				
 Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE; Do not violate federal, state, or local laws; Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. Standard procedure requires the immediate return to the facility				
of any detainee who violates trip rules.]]]	
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

ICE staff performs these duties when required.

(b)(6), (b)(7)c / June 9, 2011

RECREATION

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a recreation program and facility.	\boxtimes			
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				This component is only applicable for SPCs and CDFs. The facility does have a recreation specialist that provides activities and offerings to the detainee population.
Regular maintenance keeps recreational facilities and equipment in good condition.				
The recreational specialist or trained equivalent supervises detainee recreation workers.				
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and specialneeds detainees.	\boxtimes			
Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			The dayrooms include television, checkers, chess, cards, puzzles, and various other games for sedentary activities.
Outside activities are restricted to limited-contact sports.	\boxtimes			
Each detainee has the opportunity to participate in daily recreation.				
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				Recreational activities outside the housing unit are offered for one hour a day, seven days a week.
Staff checks all items for damage and condition when equipment is returned.				
Staff conducts searches of recreation areas before and after use.				Searches of the recreation areas are conducted by staff before and after the recreation yard is utilized. Staff also does rock extractions for any sizable rocks that may have come to the surface.
All recreation areas under constant staff supervision.				The recreation areas are under constant supervision by $(b)(7)e$ staff and $(b)(7)e$ ameras.
Supervising staff is equipped with radios.	\boxtimes			
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			Detainees housed in the special housing unit are offered outdoor recreation for one hour a day, 7 days a week.
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	\boxtimes			
Special programs or religious activities are available to detainees.				
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.			\boxtimes	This component is only applicable for SPCs and CDFs. Volunteers are required to sign a waiver prior to entering the secure portion of the facility.
Visitors, relatives or friends are not allowed to serve as volunteers.				This component is only applicable for SPCs and CDFs. Visitors, relatives, or friends are allowed to serve as volunteers if they pass all requirements and are approved by ICE.
☑ If outdoor recreation is offered, check this box. No further	er infor	mation	is requ	ired when outdoor recreation is offered.

RECREATION						
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT						
POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.						
COMPONENTS	YES	No	NA	REMARKS		
If the facility has no outside recreation, are detainees considered						
for transfer after six months?						
• If yes, written procedures ensure timely review of all	ш					
eligible detainees.						
Case officers make written transfer recommendations about						
every six-month detainee to the OIC.	Ш					
The OIC documents all detainee-transfer decisions, whether yes						
or no.						
The detainee's written decision for or against an offered transfer						
documented in his/her A-file.						
Staff notifies the detainee's legal representative of his/her						
decision to accept/decline a transfer.						
If no recreation is available, the ICE Districts routinely review	П					
transfer eligibility for all detainees after 60 days.						
The A-file of every detainee who is held more than 60 days						
without access to recreation contains either a transfer-waiver						
signed by the detainee, or the OIC's written determination of the						
detainee's ineligibility for transfer.						
The detainee's legal representative is notified of the						
detainee's/OIC's decision.						
◯ ACCEPTABLE ◯ DEFICIENT		AT-R	ISK	REPEAT FINDING		

The current Recreation Supervisor began his duties on this post in February of 2011. The Recreation Supervisor plans to implement some enhancements to the recreation program. A radio system will be installed in the near future to provide music in the recreation yard. Tables are being installed that will enable detainees to play board games outside. A contest for the cleanest dorm will be initiated.

The recreation department issues "nerf" balls for all recreational activities to reduce the potential for injury.

(b)(6), (b)(7)c / June 9, 2011

RELIGIOUS PRACTICES

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

COMPONENTS	YES	No	NA	REMARKS	
Detainees are allowed to engage in religious services.	\boxtimes				
Space is available for detainees to conduct religious services.				Religious services are provided in the visiting room, multi-purpose room, and in the library.	
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	\boxtimes				
 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions; Honoring fasting requirements; Facilitating religious services; and Allowing activity restrictions. 				This component is only applicable for SPCs and CDFs. The facility does accommodate holy-day observances by providing special meals, honoring fasting, providing religious services, and allowing activity restrictions.	
Each detainee is allowed religious items in his/her immediate possession.	\boxtimes				
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			Volunteers are checked and verified by ICE before being allowed to participate in detainee programs.	
Members of faiths not represented by clergy may conduct their own services within security allowances.	\boxtimes				
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.				Detainees in the Special Management Unit are allowed to participate in religious services. If the detainee in special housing is allowed to participate in a group setting, religious services are provided in the visiting room.	
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING					

REMARKS:

This facility does not have clergy on site. The Recreation Supervisor monitors the religious services program. Currently, the facility hat [7] columnteers that assist with religious programs for Catholic, Christian, and Ambassador of Christ services. On Fridays, two and one-half hours are scheduled for detainees to have personal services that are conducted without clergy.

Right before the Christmas holiday, the facility conducts a Posadas, which enables volunteers and staff to play music, sing songs and converse with detainees in the housing units. After this activity, all detainees are given a treat bag.

Based on a review of operations and policy, the facility meets the requirements of the standard.

(b)(6), (b)(7)c / June 9, 2011 **AUDITOR'S SIGNATURE / DATE**

DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. NA **COMPONENTS** YES No REMARKS Phones are available daily in each unit from Detainees are allowed access to telephones during established X 6:00 a m. until 10:30 p.m., except during facility waking hours. formal counts. Upon admittance, detainees are made aware of the facility's Information regarding telephone access and X use is available in the handbook. telephone access policy. \boxtimes Access rules are posted in housing units. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of \boxtimes All key documents are available in Spanish. the facility's population. Telephones are provided at a minimum ratio of one telephone The number of telephones available exceeds X П per 25 detainees in the facility population. the requirement. Telephones are inspected regularly by facility staff to ensure that \boxtimes \Box Unit Officers check the phones twice daily. they are in good working order. The facility administration promptly reports out-of-order \boxtimes telephones to the facility's telephone service provider. The facility administration monitors repair progress and takes No issues were noted by any detainees appropriate measures to ensure that required repairs are begun \boxtimes regarding the telephones during the review. and completed timely. Detainees are afforded a reasonable degree of privacy for legal X П phone calls. Requests can be made to the Chief of A procedure exists to assist a detainee who is having trouble \boxtimes Security for alternative calling arrangements, placing a confidential call. if needed. The phone service provider has pro-bono and The facility provides the detainees with the ability to make non- \boxtimes free call numbers programmed into the collect (special access) calls. system. M Special Access calls are at no charge to the detainees. The facility system has the OIG number The OIG phone number for reporting abuse is programmed into programmed in as a free call. The number \boxtimes the detainee phone system and the inspector checked the phone was successfully tested using the procedures number during the review. posted in the units. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes The pro-bono system is programmed into the \boxtimes alternate arrangements to provide required access within 24 current system. hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved \boxtimes "Free Legal Services List". Special arrangements are made to allow detainees to speak by Facility request forms may be used to contact telephone with an immediate family member detained in another \boxtimes the Chief of Security regarding special arrangements. Any telephone restrictions are documented. M No phone restrictions have occurred. The facility has a system for taking and delivering emergency The Lobby Officer will take messages as \boxtimes detainee telephone messages. needed. Emergency phone call messages are immediately given to Following verification of the caller's identity, X detainees. supervisory staff delivers the message. Special arrangements are made, based on the Detainees are allowed to return emergency phone calls as soon \boxtimes as possible. urgency of the situation. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, X П A portable phone is available in segregation. including consultation calls.

DETAINEE TELEPHONE ACCESS						
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.						
COMPONENTS	YES	No	NA	REMARKS		
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes					
Detainees in disciplinary segregation are allowed phone calls for family emergencies.				The same procedures are used as those used for general population detainees.		
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.				All special housing cells are in the same unit.		
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.				Special access calls bypass the monitoring equipment.		
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING						

Tours of the housing units, interviews with staff and detainees, and a review of policy indicated compliance with the requirements of the standard.

(b)(6), (b)(7)c / June 9, 2011 AUDITOR'S SIGNATURE / DATE

VISITATION

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

COMPONENTS	YES	No	NA	REMARKS
There is a written visitation schedule and hours for general visitation.	\boxtimes			Visiting occurs on Friday, Saturday, Sunday, Monday, and holidays.
The visitation hours tailored to the detainee population and the demand for visitation.	\boxtimes			The schedule has been developed to equally accommodate all levels of detainees.
The visitation schedule and rules are available to the public.	\boxtimes			Information is available at the facility or by phone.
The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	\boxtimes			The lobby officer had both readily available
A general visitation log is maintained.	\boxtimes			The lobby officer handles the Visitor's Log.
The detainees are permitted to retain personal property items specified in the standard.	\boxtimes			Personal items may be delivered, if approved in advance by the Warden.
A visitor dress code is available to the public.	\boxtimes			The dress code is posted in the lobby.
Visitors are searched and identified according to standard requirements.	\boxtimes			
The requirement on visitation by minors is complied with.	\boxtimes			
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors are permitted to visit with a parent or guardian.
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 permitted to visit with a parent or guardian.
Detainees in special housing are afforded visitation.	\boxtimes			
Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			Policy clearly defines the attorney visiting options.
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	\boxtimes			The time allowance for legal visits exceeds the requirements of the component.
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			If the detainee elects to continue a legal visit through a meal, a tray is kept in a warmer until the visit ends.
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			
There are written procedures governing detainee searches.	\boxtimes			Policy 9.5, Searches of Inmates and Various Locations, covers the procedures.
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.	\boxtimes			Strip searches are not required following contact visits.
Prior to each visit, legal service providers and assistants are identified per the standard.	\boxtimes			Policy specifies the requirements. The logs maintained by the lobby officer were reviewed and verified compliance.
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			These postings were in place during the review.
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	\boxtimes			The Warden will facilitate any tour approved by the Field Office Director.

VISITATION						
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS						
MEDIA.						
COMPONENTS	YES	No	NA	REMARKS		
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	\boxtimes					
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	\boxtimes			Any requests are referred to the Laredo Sub-Office/Field Office for approval.		
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	\boxtimes			A request for a visit by anyone identified as a former detainee or alien in proceedings is sent to the Sub-Office for approval.		
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.						
□						

Interviews with the lobby officer, a shift supervisor, and several volunteers occurred. These interviews coupled with the requirements of facility policy 16.2, Visitation support compliance with the NDS regarding Visitation.

(b)(6), (b)(7)c June 9, 2011 AUDITOR'S SIGNATURE / DATE

VOLUNTARY WORK PROGRAM				
POLICY: IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS BASIC OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTECTIONS.				
CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO AND MOVE TO NEXT SECTION.	WORK A	AT THE I	GSA FA	ACILITY. MARK NA ON FORM G-324A, PAGE 3
COMPONENTS	YES	No	NA	REMARKS
Does the facility have a voluntary work program? • Do ICE detainees participate?				ICE detainees may work in the voluntary work program.
Detainee housekeeping meets neatness and cleanliness standards.	\boxtimes			A tour of all housing areas found them to be clean and neat. In addition, the Housekeeping Plan is posted in each unit.
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.	\boxtimes			Policy precludes detainees from working outside the facility.
Written procedures govern selection of detainees for the Voluntary Work Program.	\boxtimes			Facility policy 19.100, Detainee Work Program, covers the procedures in use.
Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes			
The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day and Forty hours a week.				This component is only applicable for SPCs and CDFs. The facility limits the detainee's work to no more than eight hours per day and 40 hours per week.
Detainee volunteers generally work according to fixed schedule.				Scheduled work periods were found on all work assignments.
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.				
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			Job descriptions are reviewed with each detainee before they begin to work.
The voluntary work program meets: OSHA, NFPA, ACA standards	\boxtimes			The section of this component that requires the voluntary work program to meet NFPA, and ACA standards is specific to SPCs and CDFs. The facility program has been established to meet all three standards (OSHA, ACA, and NFPA).
Medical staff screen and formally certify detainee food service volunteers. • Before the assignment begins; and • As a matter of written procedure	\boxtimes			Clearances for food service workers were found in the Food Services Department files.
Detainees receive safety equipment/ training sufficient for the assignment.	\boxtimes			Training is documented in each detainee's work file.
Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			

The voluntary work program meets the requirements of OSHA, ACA, and NFPA. Facility policy 19.100, Detainee Work Program, provides guidance for staff and establishes an effective work program for detainees that meet the requirements of the standard.

AT-RISK

DEFICIENT

(b)(6), (b)(7)c / June 9, 2011

AUDITOR'S SIGNATURE / DATE

ACCEPTABLE

REPEAT FINDING

SECTION II HEALTH SERVICES STANDARDS

HUNGER STRIKES

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

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility policy 13.46, Hunger Strikes, requires that a detainee refusing food for 72 hours or less, in the judgment of the staff, be referred to medical.
CDFs and Isis immediately report a hunger strike to the ICE.				Policy 13.46, Hunger Strikes, requires notification to ICE. Form 13.46B, Health Services Check Sheet, lists required notifications.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Policy 13.46 requires immediate intervention to a hunger strike.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. • If yes, in an observation room?			\boxtimes	This component is only applicable for SPCs and CDFs. Policy 13.46 requires isolation from other detainees. The Health Services Administrator (HSA) states that a hunger striker would either be observed in an observation room in the clinic or in a cell in the special management unit depending on other factors such as suicide risk.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				This component is only applicable for SPCs and CDFs. Policy 13.46 authorizes medical staff to place the detainee in the clinic or in one of the cells in the special management unit.
Medical staff records the weight and vital signs of a hunger- striking detainee at least once every 24 hours.				This component is only applicable for SPCs and CDFs. Policy 13.46 details medical observation and intervention requirements including vital signs and weights. Interventions are recorded on form 13.46B, Health Services Check Sheet.
The OIC of the facility obtains a hunger striker's consent before medical treatment.	\boxtimes			Facility policy 13.50, Initial Intake Screening, requires that all detainees sign consent for medical care. A review of 26 detainee medical records confirmed that all detainees signed form 13.50D, Health Care Services-General Consent, during the initial health care screening process. In accordance with policy 13.49, Consent and Refusal of Care, a procedure specific informed consent form is signed for any invasive treatment required.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy 13.49, Consent and Refusal of Care, requires detainees to sign form 13.49B, Refusal to Accept Medical Treatment, for any treatment they refuse. If the detainee refuses to sign, then two staff witnesses sign the form.

HUNGER STRIKES

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

COMPONENTS	YES	No	NA	REMARKS
During a hunger strike, staff document and provide the hunger- striking detainee three meals a day.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility policy 13.46, Hunger Strikes, requires the offering of three meals per day and documentation of the detainee's response.
Staff maintains the hunger striker's supply of drinking water/other beverages.			\boxtimes	This component is only applicable for SPCs and CDFs. According to the HSA, if the detainee is housed in the clinic, staff supply all drinking water. If housed in the SMU, detainees have independent access to water
During a hunger strike, staff removes all food items from the hunger striker's living area.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility policy 13.46 prohibits detainees having commissary items when in observation.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy 13.46 requires that a detainee's intake be monitored and recorded on form 13.46B, Health Services Check Sheet.
The medical staff has written procedures for treating hunger strikers.	\boxtimes			Policy 13.46, Hunger Strikes, establishes specific procedures for treating detainees on a hunger strike.
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility policy 13.46 requires that all intervention and treatment attempts be documented on form 13.46A, Hunger Strike Medical Orders, and form 13.46B, Hunger Strike Check Sheet.
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.	\boxtimes			Per the assistant facility training officer, and confirmed by review of a sample of staff training records, the training schedule, and the instructor training guide for Hunger Strikes, staff receive training during preservice and annually on the identification of hunger strikes. Per the HSA and confirmed by a review of the Health Services Staff New Employee Orientation records, health services staff are trained on the evaluation and treatment of hunger strikers during initial orientation and periodically thereafter.
△ ACCEPTABLE □ DEFICIENT	ISK	REPEAT FINDING		

The facility administrator and the facility Health Services Administrator (HAS) both reported that there have been no hunger strikes during this inspection period. Facility policy, 13.46, Hunger Strikes, addresses all of the components of this standard. A sample review of staff training records and the facility training schedule indicate all staff is trained during new employee orientation and annually regarding the recognition of a hunger strike and procedural requirements. The Hunger Strike Instructor Training Guide includes identification of hunger strikes. Staff interviewed correctly outlined the referral to medical staff process requirements of the policy. At the time of the inspection, actual practice could not be evaluated for compliance since there have been no hunger strikes in the past year. However, policy and procedures are compliant with the requirements of the NDS regarding Hunger Strikes.

(b)(6), (b)(7)c June 9, 2011

WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.				Current licensure for all nurses, medical providers, the dental provider, and mental health providers were current and on file. Current pharmacy, laboratory, and x-ray certifications and/or licensures were on display. Provider DEA registrations were current and on display. Nurses utilize physician-approved protocols or direct orders to guide the care given to detainees.
The facility's in-processing procedures for arriving detainees include medical screening.				In accordance with facility policy 13.50, Initial Intake Screening, all arriving detainees receive medical screening. Immediately upon arrival, a nurse prescreens detainees for any obvious communicable disease or acute injury or illness in the sally port before they are accepted into the facility. A comprehensive medical screening is performed by nursing staff in the clinic after the officers have completed the intake process. This is done before a detainee is assigned to and placed in housing. The initial health screening is guided by, and documented on, form 13.50A, Initial Health Screening. A review of 26 medical records indicated all detainees received the initial health screening the day of arrival at the facility.

COMPONENTS	YES	No	NA	REMARKS
COMPONENTS All detainees have access to and receive medical care. FOR OFFICIAL USE ONLY.				Confirmed by a review of 26 detainee medical records, interviews of staff and detainees, direct observation of the housing units and clinic processes, and a review of the clinic staff schedule, detainees have access to and receive medical care through established processes compliant with facility policy. Services are provided through intake screening, sick call held seven days per week, 14 day medical, dental, and mental health appraisals, chronic care clinic, and referral for off-site hospital and specialty care. The detainee handbook, available in English, Spanish, and Portuguese includes specific information and instruction to detainees regarding how to access medical care. The intake-screening nurse also reviews this information with the detainee at the time of the initial health screening. Detainees can access medical care by completing a written sick call request form available in both English and Spanish or verbal requests through detention officers for more immediate needs. The forms are placed in a locked box in the housing area and medical staff collects them twice daily. Sick calls are addressed on the same day or within 24 hours. Nurses are on-site at least 16 hours per day, seven days per week. There is b(7) mergency Medical Technician (EMT) on-site during the late night shift seven days per week. Medical providers are available three days per week to address medical complaints and to perform a 14-day physical exam on detainees to the psychiatrist who is available once per week (7) mental health care professional conducts a comprehensive mental health streening of each detainee within 14 days and is available for consultation, as needed. The mental health staff may refer detainees to the psychiatrist who is available one day per week. Medical, mental health, and dental inpatient and specialty care services are available in the community through written agreements with the local hospital, the Laredo Medical Center, and community providers. Mobile x-ray services and lab specimen collection are provi
	age 38 of			

COMPONENTS	YES	No	NA	REMARKS
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				The HSA stated he has access to the PHS/DIHS Health Care Coordinator through the Treatment Administration Record (TAR) Web System and that communication is good and the response is timely.
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				The medical staff includes the HSA, a medical records clerk, (D)(7) Registered Nurse (RN) Clinical Supervisor(D)(7) staff RN, (D)(7) Licensed Vocational Nurses (LVNs), and (D)(7) Emergency Medical Technicians (EMTs). All positions are currently filled. Typically, there are always at least (D)(7) nurses on duty on the day and evening shifts. There is an RN on site every day but Sunday. There is (D)(7) EMT on site every late night shift to respond to urgent or emergent needs. Medical providers are available three days per week. The Nurse Practitioner is available twice a week for a total of eight hours, and the physician is available once per week for a total of two hours (D)(7) entist is available once per week for a total of three hours per week (D)(7) (E) entist is available once per week (D)(7) (E) sychiatrist is available once per
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.				The medical unit includes a waiting area for detainees, one examination and treatment room, one multi-purpose lab, x-ray, and workspace room, two negative pressure observation rooms, two storage areas, a detainee rest room, and two multi-staff office spaces. Detainees being housed in the clinic are transported to the housing units or segregation area for showers since there are no shower facilities in the clinic. Both observation rooms have a toilet and sink. The clinic is appropriately equipped but small which limits the provision of services to only one detainee at a time. Policy 13.7, Clinic Space, Equipment, and Supplies details the procedures for assessing and procuring necessary clinic resources. Detainee medical encounters are performed in an exam/treatment room separated from the waiting area affording privacy.

WELL-BEING OF ICE DETAINEES.				
COMPONENTS	YES	No	NA	REMARKS
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				This component is only applicable for SPCs and CDFs. The medical clinic is located within the secure perimeter and has limited access.
The medical facility entrance includes a holding/waiting room.				This component is only applicable for SPCs and CDFs. Entry into the clinic is through a detainee waiting room.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.			\boxtimes	This component is only applicable for SPCs and CDFs. An officer is present in the clinic at all times when detainee services are being provided.
Detainees in the holding/waiting room have access to a drinking fountain.				This component is only applicable for SPCs and CDFs. The waiting room has a drinking fountain freely accessible to detainees.
Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files.				Policy 13.58, Medical Records, details the creation, maintenance, and access to medical records. The clinic utilizes Allscripts-Touch Works which is a computerized/electronic medical record (EMR). Medical records generated or received hard-copy are scanned into the appropriate section of the EMR. The copies are then shredded by the medical records clerk or nursing staff. The EMR is password protected and limited only to authorized medical staff.
Pharmaceuticals are stored in a secure area.				This component is only applicable for SPCs and CDFs. In accordance with policy 13.70, Pharmaceuticals, all medications are stored in the locked medication cart that is locked in the exam room or in the locked refrigerator designated for medication use only. Controlled substances are stored in a separate lock box on the locked medication cart. There were no controlled substances in use during the inspection.
 Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test during the admission process; Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and Detainees not screened are housed separate from the general population. 				Per the HSA and confirmed by a review of medical records, all detainees receive a chest x-ray on the day of arrival or not later than the next day. A mobile provider comes to the clinic seven days per week to perform the x-ray. Reports are received the same day the x-ray is done. A review of 26 medical records indicated that all detainees received a chest x-ray within 24 hours. Detainees with a positive chest x-ray are housed in the negative pressure observation rooms in the clinic.

COMPONENTS	YES	No	NA	REMARKS
All detainees receive a mental-health screening upon arrival. It is conducted: • By a health care provider or specially trained officer; and • Before a detainee's assignment to a housing unit.	\boxtimes			The portion of this component that requires a detainee to receive a mental health screening before being assigned to a housing unit is specific to SPCs and CDFs. Mental health screening is done upon arrival, during the initial health screening performed by a nurse, and prior to placement in housing. Policy 13.50, Initial Intake Screening, requires that mental health screening be done during intake. The mental health screening is recorded on form 13.50A, Initial Health Screening. A review of 26 medical records indicated that mental health screening was done at the time of the initial intake screening.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.			\boxtimes	This component is only applicable for SPCs and CDFs. All initial health screening is either done or reviewed by a RN. Problems are referred to the medical provider at the next provider clinic or communicated via telephone consultation, if urgent. A review of medical records confirmed this process.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	\boxtimes			Policy 13.40, Health Appraisals, requires a physical exam by the medical provider within 14 days. A very small percentage of detainees remain at this facility beyond seven days. Per a review of 26 detainee medical records, 15 were in the facility for 14 days or more and all 15 received the physical exam within 14 days.
Detainees in the Special Management Unit have access to health care services.	\boxtimes			In accordance with policy 13.42, Segregation Access to Health Care, and confirmed by interview of the HSA and a review of medical records of detainees in segregation during the past year, detainees had access to written sick call requests or verbal request to medical through detention staff. In addition, medical staff makes rounds every shift when a detainee is in the SMU and the HSA makes rounds daily.

COMPONENTS	YES	No	NA	REMARKS
 Staff provides detainees with health services (sick call) request slips daily, upon request. Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	\boxtimes			The requirement for staff to provide detainees with health services (sick call) request slips daily, upon request and the request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population is specific to SPCs and CDFs. Sick call request forms, 13-80A, are available in English and Spanish and are provided upon request. The detainee places the request in a locked box for this purpose in the housing area. Medical staff collects the request at least twice daily. A review of 54 sick call requests and related responses indicated that they are typically addressed within 24 hours. Of the 54 requests reviewed, 49 were addressed within the 24 hour requirement and five were seen on the second day.
The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			Policy 13.34, Medical Emergency Response, details the procedures for facility staff during a medical emergency and how to access immediate services outside of the facility. This facility has medical staff on-site 24 hours per day. EMS emergency response and transport are provided by the community fire department.
The plan includes an on-call provider.				This component is only applicable for SPCs and CDFs. The medical, dental, and mental health providers and a RN are on-call 24 hours per day.
The plan includes a list of telephone numbers for local ambulance and hospital services.				This component is only applicable for SPCs and CDFs. Medical emergency numbers and on-call provider's numbers are posted in the clinic and Control Center.
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				This component is only applicable for SPCs and CDFs. Policy 13.34, Medical Emergency Response, addresses safety and security issues.
Detention staff is trained to respond to health-related emergencies within a (b)(7)(e) esponse time.				A sample review of facility staff training records indicated that training regarding health-related emergencies, including CPR, First Aid, and use of the Automated External Defibrillator (AED) is included in new employee orientation and annual training.
Where staff is used to distribute medication, a health care provider properly trains these officers.				This component is only applicable for SPCs and CDFs. All medication is administered by a licensed nurse.

COMPONENTS		YES	No	NA	REMARKS
The medical unit keeps written records of distributed.	of medication that is				In accordance with policy 13.70, Pharmaceuticals, and confirmed by a review of medication administration records (MAR), medication administered is recorded on an individual detainee MAR within the EMR. Detainees sign for all medication they receive from a nurse and for medication they keep in their possession. Policy 13.58, Medical Records, lists the components of the standard detainee medical record, including the MAR.
The Form I-819 (or IGSA equivalent) is Warden/Facility of a detainee that has spe				\boxtimes	This component is only applicable for SPCs and CDFs. The HSA reported and a review of medical records confirmed that notification of detainee special needs is made to the Warden and other key staff by e-mail.
A signed and dated consent form is obtai before medical treatment is administered.		\boxtimes			In accordance with policy 13.50, Intake Health Screening, and confirmed by a review of 26 medical records, all detainees sign a general consent for medical treatment form 13.50D, Health Care Services-General Consent, during the initial intake health screening process performed by a nurse.
Detainees use the I-813 (or IGSA equivalerelease of confidential medical records to		\boxtimes			Policy 13.74, Authorization for Release of Protected Health Information, requires that detainees sign form 13.74B authorizing the release of medical records to outside sources. A review of medical records indicated the form is utilized.
The facility health care provider is given a to the release, transfer, or removal of a de					The HSA reported, and a review of medical records and e-mails confirmed, that e-mail notification is received from ICE officials regarding detainee transfer, removal, or release. The notification ranged from several hours to three days.
Detainee's medical records or a copy there transferred with the detainee.	of, are available and	\boxtimes			Per policy 13.86, Transfer and Community Release, a medical summary is completed for each departing detainee on ICE form USM533, Medical Summary. Depending on the destination of the detainee, copies of pertinent medical records may be sent. All nine medical records reviewed of released detainees contained the Medical Summary.
Medical records are placed in a sealed container labeled with the detainee's name marked "MEDICAL CONFIDENTIAL".		\boxtimes			Policy 13.86 Transfer and Community Release outlines the required process for transferring medical records including the requirement that the envelope containing the records be sealed and labeled. Several envelopes completed for transfer were observed as being compliant with this requirement.
◯ ACCEPTABLE	DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

Corrections Corporation of America (CCA) manages this facility and the health care division of CCA manages health care services. The facility Health Services Administrator (HSA) serves as the unit health authority. Health care providers are either employees of CCA or contracted by CCA. All positions were filled at the time of the inspection and the HSA reported low turnover. Currently, all nurses are bilingual in English and Spanish. A vendor is contracted to provide interpretive services via telephone for other languages. A review of staff and other licensures indicated all were present and current. Policies reviewed were compliant with the components of this standard. All medical care is documented in the EMR, which was easy to navigate. Although small, the clinic space is adequate. Both of the medical observation rooms in the clinic are negative pressure rooms. In lieu of TB skin testing, all detainees receive a chest x-ray within 24 hours, and a report is received the same day. This process greatly reduces the risk of spreading TB in the unit. In addition to a policy review, the inspection included the review of 26 medical records, 54 sick call requests, review of reports, observation of the clinic space, observation of sick call boxes in the housing units, review of SMU logs, observation of clinic processes, and interviews of medical and detention staff and detainees. Overall, the facility complies with the NDS regarding Access to Medical Care.

(b)(6), (b)(7)c / June 9, 2011

SUICIDE PREVENTION AND INTERVENTION

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

COMPONENTS	YES	No	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	\boxtimes			Per the Assistant Facility Training Officer, and confirmed by a review of a sample of staff training records, the training schedule, and the instructor training guide for Suicide Prevention, staff receive training during preservice and annually regarding the Suicide Prevention Plan.
Training prepares staff to: • Recognize potentially suicidal behavior; • Refer potentially suicidal detainees, following facility procedures; and • Understand and apply suicide-prevention techniques.	\boxtimes			A review of the trainer's teaching guide and handouts confirmed that the training includes all of the bulleted items in this component.
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. • Screening does not occur later than one working day after the detainee's arrival.	\boxtimes			Per policy 13.50, Initial Intake Screening, and confirmed by a review of medical records, all detainees are screened for potential risk of suicide by a nurse during the intake screening process. Screening occurs on the same day of arrival as evidenced by the review of 26 intake medical screenings.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.				Policy 13.84, Suicide Management, details the procedure for referring high-risk detainees to medical staff and related documentation. A review of detainee medical records indicated timely and appropriate referral to medical staff as well as a timely assessment by medical and mental health professionals.
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			According to the facility administrator and the HSA, cell #1 in the Special Management Unit (SMU) is designated as the suicide risk observation room. This cell is also identified in the facility specific suicide plan.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				The room contains no architectural elements to which a ligature could be tied with the exception of the bed. The facility administrator and HSA reported that an officer is stationed at the door at all times for one-on-one observation when a detainee is under observation for suicide. Detainees are given specific items approved by the mental health professional such as special gowns, permission for underwear, or suicide resistant blankets. The room includes a single, four-legged, metal bed platform secured to the floor. The bed has metal tie down loops attached along the upper edge of each side. The loops are approximately 12 inches off of the floor. Given access to a ligature the detainee could hang from these loops.

SUICIDE PREVENTION AND INTERVENTION				
POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, RECEIVE PREVENTIVE SUPERVISION AND TREATMENT. COMPONENTS				
Medical staff has approved the room for this purpose.				The facility-specific suicide plan identifies cell #1 in the SMU as the designated suicide risk observation cell. The Corrections Corporation of America (CCA) Regional Medical Director, the facility psychiatrist, the facility physician, and the facility's warden signed the plan.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.				In accordance with policy 13.84, Suicide Management, and confirmed by a review of forms 13.63A, Monitoring Form, officers document the status of the detainee at least once every 15 minutes.
ACCEPTABLE DEFICIENT		☐ AT-R	ISK	REPEAT FINDING

REMARKS:

The facility has a comprehensive suicide awareness, training, prevention, intervention, and treatment plan as detailed in policy 13.84, Suicide Management. According to the Health Services Administrator (HAS) and several facility staff, there have been no suicides in the past year. A review of 26 intake screenings indicated that all detainees were screened for risk of suicide during the initial intake screening process. There have been some suicidal ideations or threats and four medical records of detainees placed on suicide observation in the past year were reviewed and found to be compliant with facility policy and the components of this standard including the involvement of the mental health professional.

The cell identified for suicide risk observation contains a bed with metal restraint loops that could pose as a risk. Thus, the related component of this standard was rated as "no." It should be noted that all detainees housed in this cell are under direct, constant observation by staff. The officer assigned is required to observe the detainee at all times either through the mesh door or with the door open as ordered by the Independent Licensed Professional.

(b)(6), (b)(7)c / June 9, 2011

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.	\boxtimes			Confirmed by the Health Services Administrator (HSA), this facility does not accept chronically or terminally ill detainees. A detainee already housed at the facility that develops a need for intensive medical treatment or who becomes terminally ill is transported to the Laredo Medical Center per policy 13.82, Special Needs Treatment Plan, and 13.64 Offsite Care/Consultations.
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: • The detainee's location; and • The limitations placed on visiting.	\boxtimes			Policy 13.82 requires the facility to notify ICE officials of medical concerns. As confirmed by the ICE COTR, ICE officials would notify the family of the detainee's condition and related information.
There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.	\boxtimes			Policy 13.3 Advance Directives, Living Will/Durable Power of Attorney for Health Care, establishes the procedure addressing advanced directives. This information is also summarized in detainee handbook. Per the HSA, no detainee has requested additional information on advanced directives.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	\boxtimes			Policy 13.3 includes procedures for how the detainee can have the option of having a personal attorney prepare these documents.
There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			Policy 13.3 B addresses Do Not Resuscitate (DNR) orders. Per the HSA, no detainees at this facility have had a DNR order in the past year.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	\boxtimes			The facility does not accept severely or terminally ill detainees. Policy 13.3, however, does require that detainees with a DNR order receive maximal therapeutic efforts short of resuscitation.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			Policy 13.3 requires applicable notification requirements. Per the COTR, ICE would make the appropriate notifications to ICE officials. The HSA confirmed that in the past 12 months no detainee has requested a DNR order.
The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Policy 13.77B, Scope of Services, addresses organ donation by detainees.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	\boxtimes			Policies 5.1, Incident Reporting, and 13.62, Notification of Next of Kin/Others, establish procedures for notification to ICE of a detainee death. Per the COTR, ICE officials notify the next of kin and the consulate.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has a policy and procedure to address the death of a detainee while in transport.			\boxtimes	Facility staff only provides detainee transportation on short, local trips to health care providers.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			Per the COTR, ICE officials ensure disposal of a detainee's remains in accordance with this standard.
 In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified? 				Per the COTR, ICE officials arrange for an indigent burial consistent with local procedures.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	\boxtimes			Per the COTR, a copy of the detainee's death certificate is placed in the detainee's A-file.
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.	\boxtimes			Policy 5.1, Incident Reporting, and policy 16.62, Notification of Next of Kin/Others establish the procedure for notifying the coroner if a detainee death occurs. Local procedures are followed regarding performance of an autopsy and obtaining a death certificate.
ICE staff follows established procedures to properly close the case of a deceased detainee.				Per the COTR, ICE closes the case of a deceased detainee according to ICE procedure.
✓ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

According to the Significant Incident Summary and confirmed by both the Health Services Administrator (HAS) and the Warden, there have been no detained deaths in this facility in the past 12 months. The facility does not accept severely or terminally ill detained deaths. However, the facility has policy and procedure to address death of a detained already housed at the facility who becomes terminally ill.

(b)(6), (b)(7)c	June 9, 2011
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SECTION III SECURITY AND CONTROL STANDARDS

CONTRABAND

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

CONTRABAND DESTRUCTION IS REQUIRED.						
COMPONENTS	YES	No	NA	REMARKS		
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.				The portion of this component that requires staff to inventory, hold and report contraband when necessary to the proper authority for action/possible seizure is specific to SPCs and CDFs. Policy 9.6, Contraband Control, provides guidance for staff when illegal contraband is found. The procedures include notification of the shift supervisor, an inventory, and placement in an evidence bag.		
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. Facility policy mirrors the component.		
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.			\boxtimes	This component is only applicable for SPCs and CDFs. Written procedures are in place.		
Altered property is destroyed following documentation and using established procedures.			\boxtimes	This component is only applicable for SPCs and CDFs. Current procedures require documentation of the destruction of altered property.		
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy addresses the confiscation of religious items with contact of religious authority.		
Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes			Virtually all hard contraband is turned over to ICE for disposition.		
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy permits hard contraband to be retained for training purposes. Although no contraband has been found within the facility in several years, some old items are kept secure for training purposes.		
		AT-R	ISK	REPEAT FINDING		

REMARKS:

Facility policy 9.6, Contraband Control, provides procedures for staff to follow to effectively control the introduction of contraband as well as controlling the seizure and disposition of any contraband found within the facility. Overall, the facility complies with the NDS regarding Contraband.

(b)(6), (b)(7)c June 9, 2011

DETENTION FILES

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

INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.						
COMPONENTS	YES	No	NA	REMARKS		
A detention file is created for every new arrival whose stay will exceed 24 hours.				The facility uses an on-line Inmate Management System to create the file.		
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			A review of ten detainee files indicated that all records and forms generated during the intake process are placed in the detention file.		
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	\boxtimes					
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.				The portion of this component that requires detention files to be in lockable cabinets with the keys limited to supervisors if the files are not maintained in a secure area is specific to SPCs and CDFs. Detention files are maintained near the Warden's Office in locked files which are away from detainee and public access.		
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.				A review of procedures with staff indicated that files are closed out and archived with release paperwork and documentation filed appropriately.		
The officer closing the detention file makes a notation that the file is complete and ready to be archived.						
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.				Generally speaking, these requests come from ICE and are approved by ICE staff.		
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			A "file out" insert is used to log out any files removed from the area.		
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING		

REMARKS:

Facility policy 6.1, Inmate/Resident/Student Files, is used to guide staff regarding detention files. A review of ten files and an interview with the Operations Manager indicated compliance with the standard.

(b)(6), (b)(7)c June 9, 2011

DISCIPLINARY POLICY

POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.

COMPLIANCE WITH FACILITY RULES AND REGULATIONS.				
COMPONENTS	YES	No	NA	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.				Policy 15-100 contains all information relative to the facility's detainee disciplinary system. Staff is trained accordingly.
The facility rules state that disciplinary action shall not be	\boxtimes			
capricious or retaliatory.		Ш	Ш	
Written rules prohibit staff from imposing or permitting the following sanctions:	\boxtimes			
 deprivation of physical exercise 				
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			Rules of conduct are explained in the handbook and also provided in an orientation video.
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility: • Rights and Responsibilities • Prohibited Acts • Disciplinary Severity Scale • Sanctions	\boxtimes			The requirement to post "Prohibited Acts," the "Disciplinary Severity Scale," and the "Sanctions" is specific to SPCs and CDFs. Housing unit bulletin boards, as well as the detainee orientation video, contain information about prohibited acts, the disciplinary severity scale, and sanctions. This information is conspicuously posted in both English and Spanish.
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy number 15-100 includes written options for staff to consider when imposing informal resolutions to minor rule violations.
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.			\boxtimes	This component is only applicable for SPCs and CDFs. Policy number 15-100 provides information to staff about routing incident reports and Notice of Charges through the chain of command, as well as distribution requirements and time frames.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	\boxtimes			
An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			

DISCIPLINARY POLICY

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COMPLIANCE WITH FACILITY RULES AND REGULATIONS.							
COMPONENTS	YES	No	NA	REMARKS			
 A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC; Considers written reports, statements, physical evidence, and oral testimony; Hears pleadings by detainees and staff representatives; Bases its findings on the preponderance of evidence; and Imposes only authorized sanctions 	\boxtimes			The bulleted sections of this component are specific to SPCs and CDFs. Allegations are fully reviewed and charges referred as needed. Due process hearings are conducted. All evidence, testimony, and written reports are considered by a panel, composed of one to three staff that bases their findings on the preponderance of evidence presented. Only approved sanctions are imposed.			
A staff representative is available if requested for a detainee facing a disciplinary hearing.			\boxtimes	This component is only applicable for SPCs and CDFs. Detainees are informed about how to request a staff representative if facing a disciplinary hearing. Guidelines for use of staff representatives are provided in policy 15-100.			
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes						
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.	\boxtimes						
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	\boxtimes						
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes			The routing and distribution of pertinent documents are listed in policy 15-100.			
△ ACCEPTABLE □ DEFICIENT		AT-R	RISK	REPEAT FINDING			

REMARKS:

Each detainee is provided with a copy of the handbook which includes specific information about progressive levels of discipline and sanctions. This information is reinforced in an orientation video.

The average length of stay is typically less than one week. It is rare for detainees to violate the code of discipline to the extent charges are imposed and hearings are conducted. Staff is encouraged to resolve issues at the lowest possible level, freely using informal sanctions. In the event of a finding of guilt during a hearing after consideration of all evidence presented, hearing officers are encouraged to select the most appropriate sanction, relying on policy 15-100 for guidance.

(b)(6), (b)(7)c / June 9, 2011 AUDITOR'S SIGNATURE / DATE

EMERGENCY (CONTINGENCY) PLANS

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

COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.				TEMPANIO.
Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	\boxtimes			
Staff is trained to identify signs of detainee unrest. • What type of training and how often?	\boxtimes			Staff is provided initial training about how to recognize signs of detainee unrest and are provided annual refresher training thereafter.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	\boxtimes			Shift changes and pass along logs are some methods used by staff to effectively disseminate information. Staff is urged to communicate with their supervisors on a regular basis regarding facility climate as well as detainee attitudes and moods.
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.				
The plans address the following issues:	\boxtimes			
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	\boxtimes			The Emergency Plan includes various individual sections applicable to a variety of emergency situations.
The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies			\boxtimes	This component is only applicable for SPCs and CDFs. Cooperative contingency plans are in place with the following agencies: Laredo Police Department, Immigration and Customs Enforcement, Webb County Detention Center, Houston Processing Center, Laredo Fire Department, Transcor, and the Webb County Sheriff's Department.
All staff receives copies of Hostage Situation Management policy and procedures.			\boxtimes	This component is only applicable for SPCs and CDFs. Copies of the policy and procedures for Hostage Situation Management are included in Hostage Survival Training, provided to all staff and volunteers.

EMERGENCY (CONTINGENCY) PLANS

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

COMPONENTS	YES	No	NA	REMARKS
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. Hostage survival training includes the presentation and discussion of related policy 8-1A found in the Emergency Plan. Staff is trained to (b)(7)e Methods for providing medical and psychological care to staff are included in the policy.
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility emergency plans contain information about triage and treatment procedures, as well as information about dialing 911 if emergency medical treatment or transport is needed.
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.			\boxtimes	This component is only applicable for SPCs and CDFs. Food Service maintains 14 days' worth of emergency meals for staff and detainees are maintained at all times.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).			\boxtimes	This component is only applicable for SPCs and CDFs. Written lists and diagrams for shut-off valves and switches for all utilities are included in the facility's Emergency Plan.
Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances	\boxtimes			
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:	_		
(b)(7)e	outside the secure perimeter.	Access to the (b)(7)e	is restricted

Emergency drills are conducted three times per year, with a large scale drill conducted one time per year. This drill utilizes the cooperative assistance of other law enforcement agencies.

The Emergency Plan is reviewed and updated as needed, but no less than on an annual basis.

Several facility officials have successfully completed National Incident Management Systems Training (NIMS).

(b)(6), (b)(7)c une 9, 2011 **AUDITOR'S SIGNATURE / DATE**

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	\boxtimes			
 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 		\boxtimes		The master MSDS file maintains a MSDS sheet on all chemicals that have been issued within the facility. The MSDS file needs to be condensed by separating discontinued items from chemicals currently being utilized. This was corrected during the inspection. A master MSDS file is also maintained in the Health Services Department.
 All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: Wear personal protective equipment; and Report hazards and spills to the designated official. 				
The MSDSs are readily accessible to staff and detainees in work areas.	\boxtimes			
 Hazardous materials are always issued under proper supervision. Quantities are limited; and Staff always supervises detainees using these substances. 				The facility has two chemical disbursement areas that are secured, and are supervised by staff only. Detainees only utilize chemicals that have been diluted.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	\boxtimes			
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	\boxtimes			
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	\boxtimes			
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)				The temperatures in the living units are maintained at 72-74 degrees year round.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.				Shower and sink temperatures are maintained between 100-120 degrees.
All toxic and caustic materials are stored in their original containers in a secure area.				
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			Any chemicals no longer being utilized by the facility are turned over to the local Waste Disposal Company for disposal.
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				The master MSDS file contains a Polyvinyl MSDS sheet that has methyl alcohol as an ingredient. The Safety Manager stated the PolyVinyl is no longer utilized by this facility.

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	\boxtimes			Training on chemical use, storage, and disposal is provided during orientation and annual refresher training.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	\boxtimes			
A technically qualified officer conducts the fire and safety inspections.	\boxtimes			Simplex Grinnell tested fire extinguishers and fire exits on November 1, 2010. Simplex Grinnell conducted fire alarm tests on November 29, 2010. The City of Laredo Fire Marshal's Office conducted an annual inspection on February 7, 2011.
The Safety Office (or officer) maintains files of inspection reports.	\boxtimes			
The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The City of Laredo Fire Inspector approved the fire prevention, control and evacuation plan on December 22, 2008. It is notated on the floor plans and signed by the Fire Inspector that if no violations or amendments to the fire plan occur, approval will be ongoing.
 The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area. 	\boxtimes			
Fire drills are conducted and documented monthly.	\boxtimes			
A sanitation program covers barbering operations.	\boxtimes			
The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			The sanitation standards are posted on the wall in the Barbershop.
Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.				Inventories of security risk items are conducted daily on each shift.
Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.	\boxtimes			

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
The facility follows standard cleaning procedures.	\boxtimes			
Spill kits are readily available.				Spill kits are located in the Medical Department, officer posts, and Control Center.
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			Stericycle is contracted to dispose of infectious/bio-hazardous waste.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.				
Do the methods for handling/disposing of refuse meet all regulatory requirements?				Southern Sanitation is contracted until June 15, 2011, for the handling and disposal of refuse.
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. • At least monthly. • The pest-control program includes preventative spraying for indigenous insects.				Bug Busters has been contracted since August 5, 2008, to conduct monthly pest control or as needed. The contract stipulates that the contract renews itself year to year unless written cancellation is received.
Drinking water and wastewater is routinely tested according to a fixed schedule.				The City of Laredo Water Utility tested wastewater on August 24, 2010. Jefferson's Water Treatment Plant Department tested the drinking water during June 2011.
 Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			Holt Caterpillar conducts maintenance and tests the generator every quarter or as needed. Corrective actions for repairs/replacements are conducted immediately. The facility conducts generator tests once a week and load tests once a month.
		AT-R	ISK	REPEAT FINDING

REMARKS:

An inventory and a matching MSDS file were located in all chemical storage areas. The master MSDS file included items that had been discontinued by the facility. During the inspection, the MSDS file was updated by separating the discontinued items from the chemicals currently utilized by the facility.

The City of Laredo Fire Inspector reviewed the Fire Prevention and Control Plans. The floor plans include a notation signed by the Fire Inspector that as long as there are no amendments or violations of the plans, the plans have the continuous approval of the fire inspector.

The facility maintains a high level of sanitation. All chemicals were controlled and inventories reviewed were accurate.

(b)(6), (b)(7)c / June 9, 2011 AUDITOR'S SIGNATURE / DATE

HOLD ROOMS IN DETENTION FACILITIES

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

COMPONENTS	YES	No	NA	REMARKS
The hold rooms are situated within the secure perimeter.				This component is only applicable for SPCs and CDFs. Hold rooms and the associated property room are located inside the core of the facility.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.			\boxtimes	This component is only applicable for SPCs and CDFs. Hold rooms are designed for capacity thresholds, to include consideration for ventilation and lighting. Activating switches are located outside the holding rooms on the wall, near staff work areas.
The hold rooms contain sufficient seating for the number of detainees held.			\boxtimes	This component is only applicable for SPCs and CDFs. Bench seating is designed in each hold room at one of the following rates of capacity: 28, 15, or 14. This ratio appears to be sufficient.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.			\boxtimes	This component is only applicable for SPCs and CDFs. Intake and discharge activity only takes place between the hours of 8:00 a m4:00 p.m. daily. Bunks, cots, beds, or other related makeshift sleeping apparatus are not needed.
The walls and ceilings of the hold rooms are tamper and escape proof.			\boxtimes	This component is only applicable for SPCs and CDFs. Walls and ceilings of hold rooms are cinder-block construction and considered to be tamper and escape proof.
Individuals are not held in hold rooms for more than 12 hours.	\boxtimes			
Male and females are segregated from each other.	\boxtimes			
Detainees under the age of 18 are not held with adult detainees.	\boxtimes			
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			Personal hygiene items are provided upon request.
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.				One stainless steel toilet-sink combo is available for each holding cell. A half wall has been constructed for privacy.
All detainees are given a pat down search for weapons or contraband before being placed in the room.				
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.). • Hold rooms are irregularly monitored every 15 minutes. • Unusual behavior or complaints are noted.				
When the last detainee has been removed from the hold room, it is given a thorough inspection.	\boxtimes			The hold room is inspected and cleaned after the last detainee is removed.

HOLD ROOMS IN DETENTION FACILITIES						
POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.						
COMPONENTS	YES	No	NA	REMARKS		
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	\boxtimes			The section of this component that requires for the evacuation plan to include a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation is specific to SPCs and CDFs. The evacuation route is posted and specific information about designated staff responsibilities for removal of detainees in case of fire and or building evacuation is explained in the facility emergency plan. Post orders also define staff emergency duties.		
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.						
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING		

REMARKS:

The intake process was observed. Detainees being in-processed through receiving and those being discharged were co-mingled in the same holding rooms. Due to a transportation delay on the day of the inspection, detainees remained in the hold rooms from 5:00 a m. to 1:45 p m. However, logs indicated detainees being accepted into the Receiving and Discharge area at 11:45 a m. which was the time ICE files were provided to staff. Females were separated from males; however, closed window blinds prohibited staff from being able to supervise detainees adequately. Prior to the end of the inspection, facility officials revised this practice to require blinds to remain open, unless detainees are in the process of taking a shower.

At the time of the inspection, a poorly draining shower was observed, resulting in standing water accumulating in one holding room. Staff indicates this has been an ongoing issue. Overall, the facility complies with the NDS regarding Hold Rooms.

(b)(6), (b)(7)c June 9, 2011 **AUDITOR'S SIGNATURE / DATE**

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	\boxtimes			
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			Training is provided during the initial employee orientation and annually thereafter.
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	\boxtimes			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				Locking systems are inspected monthly.
Facility policies and procedures address the issue of compromised keys and locks.				
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			(b)(7)e
Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	\boxtimes			
Grand master keying systems are prohibited.	\boxtimes			
All worn or discarded keys and locks are cut up and properly disposed of.	\boxtimes			
Padlocks and/or chains are prohibited from use on cell doors.	\boxtimes			
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101.				The facility's annual (corporate) audit includes inspection of the pressure sensitive locking mechanisms to detainee living quarters. The facility complies with both bulleted elements of this component.
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	\boxtimes			The operational keyboard is located in (b)(7)e
Procedures are in place to ensure that key rings are: • Identifiable; • The numbers of keys are cited; and • Keys cannot be removed.	\boxtimes			Tags indicate the number of keys on each ring, as well as the numbered location of the peg hook where the key ring is assigned to the board. Key rings are sufficiently crimped in a secure manner. Restricted key rings contain a bright blue tag noting the restriction.
Emergency keys are available for all areas of the facility.	\boxtimes			Emergency key sets are secured in the (b)(7)e
The facilities use a key accountability system.	\boxtimes			A chit system is used and includes a small photographic likeness for each staff member, imbedded on each chit.
Authorization is necessary to issue any restricted key.	\boxtimes			

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	\boxtimes			
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				The requirement for keys to be physically counted daily is specific to SPCs and CDFs. Keys are counted at every shift change, three times per day.
 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	\boxtimes			The bulleted sections of the component are specific to SPCs and CDFs. Key control training is providing during orientation and repeated annually. In the event keys are inadvertently taken from the facility, the employee is contacted and ordered to immediately return to the facility. The employee is required to write an incident report that is forwarded to the appropriate supervisor. When a key ring is unaccounted for, the shift supervisor is notified immediately. No detainees are permitted access to keys for any reason.
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

A local Brinks vendor is contracted to assist with locking mechanism repair beyond the skill of the local key control officer, or for certain key replacements.

During the inspection, outside law enforcement officers were observed securing weapons in the facility's individual gun lockers. These gun lockers are in the line of sight for staff posted in the Control Center.

Based on a review of policy and procedures as well as personal observations, the facility meets the requirements of the standard.

(b)(6), (b)(7)c June 9, 2011 AUDITOR'S SIGNATURE / DATE

POPULATION COUNTS

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

COMPONENTS	YES	No	NA	REMARKS
Staff conduct a formal count at least once each shift.	\boxtimes			
Activities cease or are strictly controlled while a formal count is being conducted.			\boxtimes	This component is only applicable for SPCs and CDFs. No activities are taking place during count times. Detainee workers assigned to the kitchen are permitted to continue with their duties and are counted in that location.
Certain operations cease during formal counts.			\boxtimes	This component is only applicable for SPCs and CDFs. Facility operations cease during formal count periods, including service deliveries in the sally port.
All movement ceases for the duration of a formal count.			\boxtimes	This component is only applicable for SPCs and CDFs. There is no detained movement during formal count.
Formal counts in all units take place simultaneously.				This component is only applicable for SPCs and CDFs. Staff at each post are required to conduct count during specified times and when announced. Counts in all units take place simultaneously. Count numbers are phoned into the Control Center. At this facility, formal counts are also known as stand up counts.
Detainee participation in counts is prohibited.			\boxtimes	This component is only applicable for SPCs and CDFs. Detainees are not permitted to participate or interfere with count. To do so may be considered an institutional rule violation.
A face-to-photo count follows each unsuccessful recount.			\boxtimes	This component is only applicable for SPCs and CDFs. A face-to-photo count is conducted during every formal count period, and repeated in the event a count fails to clear.
Officers positively identify each detainee before counting him/her as present.			\boxtimes	This component is only applicable for SPCs and CDFs. (b)(7)e officers conduct count in each housing unit. (b)(7)e fficer is responsible for verifying identity using the face-to-photo method.
Written procedures cover informal and emergency counts. • They are followed during informal counts and emergencies.	\boxtimes			
The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.				
This training is documented in each officer's training folder.				
△ ACCEPTABLE □ DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

The 8:15 a m. count was observed from the Control Center. Post staff notified the Control Center when their unit count had been conducted. The Shift Supervisor returned a call to each post to record count numbers. All numbers were reconciled and totaled. The facility count cleared at 8:37 a.m. The facility meets the requirements of the standard.

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POST ORDERS

POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.

COMPONENTS	YES	No No	NA	DEMARKS
Every fixed post has a set of post orders.		NO	INA	REMARKS
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				This component is only applicable for SPCs and CDFs. If needed, inserts, emergency memoranda, or policy revisions are provided to existing sets of post orders.
One individual or department is responsible for keeping all post- orders current with revisions that take place between reviews.	\boxtimes			
The IGSA maintains a complete set (central file) of post orders.	\boxtimes			
The central file is accessible to all staff.			\boxtimes	This component is only applicable for SPCs and CDFs. Post orders are available for review on computers stationed throughout the facility, but out of detainee's access.
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.			\boxtimes	This component is only applicable for SPCs and CDFs. Post order revisions are authorized and approved by the Warden of the facility.
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.			\boxtimes	This component is only applicable for SPCs and CDFs. The Warden has signed and dated every post order; typically this signature is on the first page of the post order section.
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	\boxtimes			Post orders are reviewed and revised as policies are reviewed, which occurs at a minimum on an annual basis.
Procedures keep post orders and logbooks secure from detainees at all times.			\boxtimes	This component is only applicable for SPCs and CDFs. Hard copy post orders are kept at the officer's duty station outside each housing unit or other appropriate work area. These areas are considered out of bounds for detainees; variation of this practice may result in a detainee institutional rule violation.
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.			\boxtimes	This component is only applicable for SPCs and CDFs. (b)(7)e
Armed-post post orders provide instructions for escape attempts.	\boxtimes			
The post orders for housing units track the event schedule.				This component is only applicable for SPCs and CDFs. Event schedules are included within post orders.
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.			\boxtimes	This component is only applicable for SPCs and CDFs. Staff is trained during the new employee orientation period about how to record detainee activity, as well as how to maintain the logbook.
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

In addition to 200 hours of new employee training, 40 hours of on-the-job training is required for security staff. During this period, staff is instructed in the use of post orders and how to maintain logbooks, regardless of post assignment.

Staff is advised about keeping post order books secure and out of detainee access.

Post orders are currently being revised corporate wide, in order for all post orders to contain uniform language and use like definitions for essential post functions, duties and responsibilities.

(b)(6), (b)(7)c June 9, 2011

SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies: • Posts to be inspected; • Required inspection forms; • Frequency of inspections; • Guidelines for checking security features; and • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement	\boxtimes			The portion of the component that requires for the security inspection policy to specify the posts to be inspected and the required inspection forms is specific to SPCs and CDFs. Security Inspection Policy 9-7 includes procedures related to posts being inspected, as well as instructions for completing the required inspection forms.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.			\boxtimes	This component is only applicable for SPCs and CDFs. As part of post duty requirements, every officer conducts security checks of assigned areas. Results are documented in logs.
Documentation of security inspections is kept on file.			\boxtimes	This component is only applicable for SPCs and CDFs. Log books are kept on file for an ongoing and indefinite period.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.			\boxtimes	This component is only applicable for SPCs and CDFs. Issues are resolved and problems solved at the lowest possible level. Managers and Supervisors are notified when no action or ineffective action has been taken.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			In order to log in their presence at the front entrance, employees use their identification cards via an electronic swipe system.
All visits are officially recorded in a visitor logbook or electronically recorded.				
The facility has a secure visitor pass system.	\boxtimes		П	
Every Control Center officer receives specialized training.	\boxtimes			
The Control Center is staffed around the clock.				This component is only applicable for SPCs and CDFs. There are three shifts at this facility. The Control Center is staffed during each shift and is considered a non-collapsible post.
Policy restricts staff access to the Control Center.			\boxtimes	This component is only applicable for SPCs and CDFs. Staff at the rank of shift supervisor and above is authorized to approve access to the Control Center.
Detainees are restricted from access to the Control Center.			\boxtimes	This component is only applicable for SPCs and CDFs. At no time are detainees permitted access to the Control Center.
Communications are centralized in the Control Center.			\boxtimes	This component is only applicable for SPCs and CDFs. During the hours of 8:00 a.m4:00 p.m., incoming calls are answered in the administrative offices area. After 4:00 p.m., all incoming calls are taken in the Control Center. Radio communications are monitored by the Control Center.

SECURITY INSPECTIONS

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

COMPONENTS	YES	No	NA	REMARKS
Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			The portion of the component that requires officers to monitor traffic leaving the facility is specific to SPCs and CDFs. Vehicles arriving in the sally port are monitored, using both staff direct supervision and cameras. The same practice occurs after vehicles have been searched, and prior to leaving the facility.
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: • The driver's name; • Company represented; • Vehicle contents; • Delivery date and time; • Date and time out; • Vehicle license number; and • Name of employee responsible for the vehicle during the visit			\boxtimes	This component is only applicable for SPCs and CDFs. The facility maintains a log of incoming and departing vehicles and records all the information represented in the bulleted elements of this component.
Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			The requirement for officers to thoroughly search vehicles leaving the facility is specific to SPCs and CDFs. Other than law enforcement vehicles, officers search all other vehicles entering and leaving the facility. Other law enforcement officers search their own vehicles entering and leaving the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.			\boxtimes	This component is only applicable for SPCs and CDFs. The front entry officer inventories tools being taken into the secure area of the facility before entering and prior to departure.
The SMU entrance has a sally port.		\boxtimes		The SMU is entered through a single door off the facility's main hallway.
Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
Housing area searches occur at irregular times.			\boxtimes	This component is only applicable for SPCs and CDFs. Post orders govern the number and frequency of searches. However, the searches may occur during flexible periods during the shift.
Every search of the SMU and other housing units is documented.	\boxtimes			
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	\boxtimes			
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				

SECURITY INSPECTIONS					
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.					
COMPONENTS	YES	No	NA	REMARKS	
Daily procedures include: • Perimeter alarm system tests; • Physical checks of the perimeter fence; and • Documenting the results.				Perimeter fence checks occur at each shift. (b)(7)e Documentation of the test is recorded in the post log.	
Visitation areas receive frequent, irregular inspections.	\boxtimes				
		AT-R	ISK	REPEAT FINDING	

REMARKS:

The contact visiting room is also used for other purposes (i.e. Bible study classes). In all cases, the room is searched after detainee use.

In addition to daily inspections required per post, other structural inspections are performed monthly.

A housing unit search/shakedown was observed and found to be conducted in an orderly manner. Due to the short amount of time detainees are held at this facility, little, if any, contraband was found. Five bunks per shift in each unit are searched at irregular times.

Tools were observed being searched and inventoried prior to being brought into the facility. In this instance, the Maintenance Supervisor was responsible for carrying out the duty.

(b)(6), (b)(7)c / June 9, 2011

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.				
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved. • A copy of the order given to the detainee within 24 hours.				
The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).			\boxtimes	This component is only applicable for SPCs and CDFs. In the event Administrative Detention is required, the Warden or Administrative Duty Officer conducts a review of placement within 72 hours.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and: • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification?			\boxtimes	This component is only applicable for SPCs and CDFs. All elements of the bulleted component are required and completed, to include a one-on-one interview with the detainee. A written record is made of the decision, and the justification for the decision is included on a form, with copies distributed. This form is attached to policy number 10-100 which governs Special Management of Inmates.
The detainee is given a copy of the decision and justification for each review. • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.			\boxtimes	This component is only applicable for SPCs and CDFs. Detainees are included in the distribution of copies for administrative segregation placement review. An appeal process exists, and detainees are provided information about how to begin the appeal process.
 The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO. 			\boxtimes	This component is only applicable for SPCs and CDFs. Due to the close proximity of the Field Office, officials communicate daily regarding the status of detainees, to include names of detainees whose administrative detention time exceeds 30 days. In the event the detainee's administrative segregation time has exceeded 60 days, the Field Office Director provides written notice to the Operations Branch Chief or others, as needed.

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. • A written record is made of the decision and the justification. • The detainee receives a copy of this record.				This component is only applicable for SPCs and CDFs. The Warden or Administrative Duty Officer reviews the case of every detainee who objects to administrative segregation status after 30 days in the SMU. Written records are maintained to include the Warden's decision and justification. Detainees are provided a copy of the written decision.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.				This component is only applicable for SPCs and CDFs. Detainees are advised regarding their appeal rights and provided information about the process, after the detainee has remained in administrative segregation for seven consecutive days.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	\boxtimes			
The SMU is: Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.	\boxtimes			
All cells are equipped with beds. • Every bed is securely fastened to the floor or wall.	\boxtimes			
The number of detainees in any cell does not exceed the occupancy limit. • When occupancy exceeds recommended capacity, do basic living standards decline? • Do criteria for objectively assessing living standards exist? • If yes, are the criteria included in the written procedures?	\boxtimes			At no time in the past year did the occupancy exceed recommended capacity in the Special Management Unit (SMU). There is a criteria for objectively assessing living standards in the SMU and is generally compared to the American Correctional Association standards. The criteria are included in corporate policy.
The segregated detainees have the same opportunities to exchange/launder clothing, bedding, and linen as detainees in the general population.	\boxtimes			
Detainees receive three nutritious meals per day, from the general population's menu of the day. • Do detainees eat only with disposable utensils? • Is food ever used as punishment?	\boxtimes			Detainees do receive three nutritious meals per day from the general population's menu. Eating utensils are plastic, but are not disposable and are washed for re-use. Food is never used as punishment.
Each detainee maintains a normal level of personal hygiene in the SMU. The detainees have the opportunity to shower and shave at least three times a week. If not, explain.	\boxtimes			Showers are offered on a daily basis.

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COMPONENTS	YES	No	NA	REMARKS
 The detainees are provided: Barbering services; Recreation privileges in accordance with the "Detainee Recreation" standard; Non-legal reading material; Religious material; The same correspondence privileges as detainees in the general population; Telephone access similar to that of the general population; and Personal legal material. 	\boxtimes			
 A health care professional visits every detainee at least three times a week. The shift supervisor visits each detainee daily. Weekends and holidays. 				
Procedures comply with the "Visitation" standard. • The detainee retains visiting privileges; and • The visiting room is available during normal visiting hours.				
Visits from clergy are allowed.	\boxtimes			
Detainees have the same law-library access as the general population. • Are they required to use the law library ∑Separately, or ☐ As a group? • Are legal materials brought to them?	\boxtimes			Generally, detainees are permitted law- library access on an individual basis and are escorted byb)(7) officers. In some cases, legal materials are brought to the detainee's cell.
The SMU maintains a permanent log of detainee-related activity,	\boxtimes			
e.g., meals served, recreation, visitors etc. SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU. Staff completes the form at the end of each shift. CDFs and IGSA facilities use Form I-888 (or local equivalent).	\boxtimes			The section of this component that requires the use of the "SMU housing Record" (I-888) immediately upon a detainee's placement in the SMU and for staff to complete the form at the end of each shift is specific to SPCs and CDFs. Appropriate forms are completed immediately upon a detainee's placement in the SMU. Local forms are used and completed at the end of each shift.
 Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift. Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc; The medical officer/health care professional signs each individual's record during each visit; and The housing officer initials the record when all detainee services are completed or at the end of the shift. 			\boxtimes	This component is only applicable for SPCs and CDFs. All bulleted elements of the component are completed by designated staff within appropriate time frames.

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
A new record is created for each week the detainee is in Administrative Segregation. • The weekly records are retained in the SMU until the detainee's return to the general population.			\boxtimes	This component is only applicable for SPCs and CDFs. The average length of stay for detainees is less than one week. In the event a detainee remains at this facility for a longer period and is confined to Administrative Segregation, a new record is created for each week the detainee is in Administrative Segregation. The record is retained in the SMU until the detainee's return to the general population.
□ ACCEPTABLE □ DEFICIENT		AT-R	RISK	☐ REPEAT FINDING

REMARKS:

At the time of the review, no offenders were being housed in SMU. Due to the limited number of days detainees are typically held at this facility, it is rare for detainees to be placed in Administrative Segregation. The SMU was inspected and found to be appropriately designed and maintained. Procedures are in place in the event detainees are assigned.

Policy number 10-100 governs confinement conditions for detainees being housed in the SMU.

(b)(6), (b)(7)c June 9, 2011 **AUDITOR'S SIGNATURE / DATE**

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
Officers placing detainees in disciplinary segregation follow				
written procedures.				
The sanctions for violations committed during one incident are				
limited to 60 days.	\boxtimes		Ш	
A completed Disciplinary Segregation Order accompanies the				
detainee into the SMU.	\square			
• The detainee receives a copy of the order within 24				
hours of placement in disciplinary segregation.				
Standard procedures include reviewing the cases of individual				The section of the component that requires
detainees housed in disciplinary detention at set intervals.				for detainees to receive a copy of the decision
• After each formal review, the detainee receives a written				and supporting reasons after each formal
copy of the decision and supporting reasons.				review is specific to SPCs and CDFs.
				Procedures address the review of detainees
				housed in disciplinary segregation. Copies of
				written decisions and supporting reasons are distributed to the detainee.
The conditions of confinement in the SMU are proportional to				distributed to the detainee.
the amount of control necessary to protect detainees and staff.	\boxtimes			
Detainees in disciplinary segregation have fewer privileges than				
those housed in administrative segregation.	\boxtimes			
Living conditions in disciplinary SMUs remain the same				
regardless of behavior.				
If no, does staff prepare written documentation for this	\boxtimes			
action?				
 Does the OIC sign to indicate approval. 				
Every detainee in disciplinary segregation receives the same	\boxtimes			
humane treatment, regardless of offense.				
The quarters used for segregation are:				
Well-ventilated.				
Adequately lighted.	\boxtimes			
Appropriately heated.				
 Maintained in a sanitary condition. 				
All cells are equipped with beds that are securely fastened to the	\boxtimes			
floor or wall of the cell.				
The number of detainees confined to each cell or room is limited				ICE detainees are rarely confined for
to the number for which the space was designate.	\boxtimes			disciplinary segregation purposes. However,
Does the OIC approve excess occupancy on a				if needed, the Warden approves excess
temporary basis?				occupancy on a temporary basis.
When a detainee is segregated without clothing, mattress,				
blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as	\boxtimes			
soon as it is safe.				
Detainees in the SMU have the same opportunities to exchange				
clothing, bedding, etc., as other detainees.	\boxtimes			
Detainees in the SMU receive three nutritious meals per day,				
selected from the Food Service's menu of the day.	\boxtimes			
Food is not used as punishment.	<u></u>			

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	\boxtimes			
Detainees receive, unless documented as a threat to security:				
Barbering services;				
Recreation privileges; Other than level and incomparing.				
Other-than-legal reading material;Religious material;	\boxtimes			
 The same correspondence privileges as other detainees; 				
and				
 Personal legal material. 				
When phone access is limited by number or type of calls, the				
following areas are exempt:				
 Calls about the detainee's immigration case or other legal matters; 			П	
 Calls to consular/embassy officials; and 				
• Calls during family emergencies (as determined by the				
OIC/Warden).				
A health care professional visits every detainee in disciplinary				A health care professional and shift
segregation every weekday.The shift supervisor visits each segregated detainee	\boxtimes	П		supervisor visit every detainee in disciplinary
daily				segregation daily, to include weekends.
 Weekends and holidays. 				Documentation is maintained in the log.
SMU detainees are allowed visitors, in accordance with the	\boxtimes			
"Visitation" standard.		Ш		
SMU detainees receive legal visits, as provided in the				
"Visitation" standard.	\boxtimes			
 Legal service providers are notified of security concerns arising before a visit. 				
Visits from clergy are allowed.				
• The clergy member is given the option of visiting/not				
visiting the segregated detainee.	\boxtimes		П	
Violent/uncooperative detainees are denied access to				
religious services when safety and security would otherwise be affected.				
SMU detainees have law library access.				
• Violent/uncooperative detainees retain access to the				
law library unless adjudicated a security threat in				
writing.	\boxtimes		П	
 Legal material brought to individuals in the SMU on a case-by-case basis. 		_	_	
 Staff documents every incident of denied access to the 				
law library.				
All detainee-related activities are documented, e.g. meals served,	\boxtimes	П		
recreation activities, visitors, etc.				

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
The SPCs, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU. • All I-888s are filled out by the end of each shift. • The CDF/IGSA facility use Form. • I-888 (or equivalent local form).	\boxtimes			The section of the component that requires staff to prepare the Special Management Housing Unit Record (I-888 or equivalent) as soon as the detainee is placed in the SMU and that completion of the form is by the end of each shift is specific to SPCs and CDFs. Appropriate forms are completed immediately upon a detainee's placement in the SMU. Local forms are used and completed at the end of each shift.
 SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 				This component is only applicable for SPCs and CDFs. Designated staff within appropriate time frames complete all bulleted elements of the component.
△ ACCEPTABLE □ DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

At the time of the review, no detainees were being housed in disciplinary segregation. Due to the limited number of days ICE detainees are typically held at this facility, it is rare for an ICE detainee to be assigned to disciplinary segregation.

The Disciplinary Segregation Unit was inspected and found to be appropriately designed and maintained. Procedures are in place in the event that ICE detainees are assigned to disciplinary segregation.

(b)(6), (b)(7)c June 9, 2011

TOOL CONTROL

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

COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				
Department heads are responsible for implementing this standard in their departments.				This component is only applicable for SPCs and CDFs. Various department heads at this facility are responsible for developing and implementing tool control practices in their work areas. The tool control officer is responsible for additional and ongoing inspections of these areas.
Tool inventories are required for the: • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory.				
 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 				
The facility has a tool classification system. Tools are classified according to: • Restricted (dangerous/hazardous); and • Non-Restricted (non-hazardous).				The section of the component that requires tools to be classified as restricted and non-restricted is specific to SPCs and CDFs. Tools are classified as Class A and Class B tools and are displayed on shadow boards accordingly. Red shadow boards reflect Class A (i.e. restricted tools) and Black shadow boards reflect Class B (i.e. non-restricted tools).
Department heads are responsible for implementing tool-control procedures.			\boxtimes	This component is only applicable for SPCs and CDFs. Various department heads are responsible for developing and implementing tool control procedures.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			
 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice. 				
Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include: • Verbal and written notification; • Procedures for detainee access; and • Necessary documentation/review for all incidents of lost tools.	\boxtimes			

TOOL CONTROL						
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COMPONENTS	YES	No	NA	REMARKS		
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				The tool control officer is responsible for ensuring worn or broken tools are disposed of in an appropriate manner and reports written, as needed.		
All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.						
		AT-R	ISK	REPEAT FINDING		

REMARKS:

Medical Services, Food Services, the Maintenance Building, and the Armory were inspected to ensure tool control procedures are in compliance with the requirements of the NDS. Tools were found to be inventoried and displayed appropriately on shadow boards, distinguished as Class A or Class B level tools. Tool inventory documents were readily available, as well as check out logs. Tool inventories are reconciled in each work area at least one time per shift.

Per policy, form 9-8D, Tool Disposition Report, is completed noting the circumstances around the disposal of a facility tool. The Chief of Security or higher authority is responsible for reviewing the report and providing signature approval for the process.

(b)(6), (b)(7)c June 9, 2011

TRANSPORTATION (LAND TRANSPORTATION)

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

CONTROL OF THE DETAINEE CASE.						
COMPONENTS	YES	No	NA	REMARKS		
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.						
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.						
Supervisors maintain records for each vehicle operator.						
Officers use a checklist during every vehicle inspection. • Officers report deficiencies affecting operability; and • Deficiencies are corrected before the vehicle goes back into service.						
 Transporting officers: Limit driving time to 10 hours in any 15 hour period; Drive only after eight consecutive off-duty hours; Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours; Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days; During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area—exceeding the 10-hour limit. 						
(b)(7)e fficers with valid CDLs required in any bus transporting detainees. • When buses travel in tandem with detainees, there are (b)(7)e qualified officers per vehicle. • An (b)(7)e driver may transport an empty vehicle.						
Before the start of each detail, the vehicle is thoroughly searched.						
Positive identification of all detainees being transported is confirmed.						
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.						
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.						
(b)(7)e are provided to all transporting officers.						
The vehicle crew conducts a visual count once all passengers are on board and seated. • Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.						
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.						
Officers ensure that no one contacts the detainees. • (b)(7)Pofficer remains in the vehicle at all times when detainees are present.						

TRANSPORTATION (LAND TRANSPORTATION)

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☑ STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
 Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 				
 The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. 				
Vehicles have: (b)(7)e				
The vehicles are clean and sanitary at all times.				
Personal property of a detainee transferring to another facility is:				
The following contingencies are included in the written procedures for vehicle crews: • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors Acceptable Deficient		☐ AT-R		☐ REPEAT FINDING

REMARKS:

This facility is not responsible for any detainee transportation, except under certain medically related emergencies.

(b)(6), (b)(7)c June 9, 2011

USE OF FORCE

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

ATTEMOTO BE DATACEROOS MATT BE ENTED TED WILLY THE DETAIL	TTLL.		1	
COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-	\boxtimes			Facility policy 9.1, Use of Force and
of-force situation without a supervisor's presence or direction.				Restraints, provides direction for staff.
When the detainee is in an area that is or can be isolated (e.g., a				Policy and training algority progoribos
locked cell, a range), posing no direct threat to the detainee or	\square			Policy and training clearly prescribes confrontation avoidance and the use of the
others, officers must try to resolve the situation without resorting		Ш		
to force.				least amount of force possible.
Written policy asserts that calculated rather than immediate use				
of force is feasible in most cases.	\boxtimes		Ш	
The facility subscribes to the prescribed Confrontation				
Avoidance Procedures.				Policy and training describe procedures that
Ranking detention official, health professional, and	\boxtimes			meet the requirements of the component.
others confer before every calculated use of force.				meet the requirements of the component.
·				An intermited the Chief of Committee
When a detainee must be forcibly moved and/or restrained, and				An interview with the Chief of Security
there is time for a calculated use of force, staff uses the Use-of-	\boxtimes			indicated compliance with the requirements
Force Team Technique.				of this component. No use of force incidents
Under staff supervision.				occurred in the past 12 months.
Staff members are trained in the performance of the Use-of-	\boxtimes			Staff is trained in team techniques as
Force Team Technique.				demonstrated by training records.
All use-of-force incidents are documented and reviewed.	\boxtimes			
Staff:				
 Do not use force as punishment; 				
• Attempt to gain the detainee's voluntary				
cooperation before resorting to force;				
 Use only as much force as necessary to control the 	\boxtimes			
detainee; and				
• Use restraints only when other non-confrontational				
means, including verbal persuasion, have failed or				
are impractical.				
Medication may only be used for restraint purposes when				Policy requires the Medical Authority to
authorized by the Medical Authority as medically necessary.	\boxtimes			authorize any medication when used as a
audionized by the medical radiontry as medically necessary.				restraint.
Use-of-Force Team follows written procedures that attempt to				Universal procedures are used and protective
prevent injury and exposure to communicable disease(s).	\boxtimes			equipment is required.
Standard procedures associated with using four-point restraints				equipment is required.
include:				Policy 13.69, Personal Restraints and
				Seclusion, has been formulated to meet the
• Soft restraints (e.g., vinyl);				requirements of the component. (b)(7)e
• Dressing the detainee appropriately for the				
temperature;				
• A bed, mattress, and blanket/sheet;				(b)(7)e
• Checking the detainee at least every 15 minutes;	\boxtimes			
 Logging each check; 				
• Turning the bed-restrained detainee often enough				(b)(7)e The facility
to prevent soreness or stiffness;				management has designated cell number 1 in
 Medical evaluation of the restrained detainee twice 				the isolation unit next to Master Control as
per eight-hour shift; and				the restraint/seclusion/suicide observation
• When qualified medical staff is not immediately				room.
available, staff position the detainee "face-up".				

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

COMPONENTS	YES	No	NA	REMARKS
The shift supervisor monitors the detainee's position/condition every two hours. • He/she allows the detainee to use the rest room at these times under safeguards.				Medical staff monitors the position/ condition on a 15-minute basis.
All detainee checks are logged.	\boxtimes			
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	\boxtimes			
 When the OIC authorizes use of non-lethal weapons: Medical staff is consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 				Medical staff is required to review the file of any detainee involved unless the response must be immediate.
Special precautions are taken when restraining pregnant detainees. • Medical personnel are consulted	\boxtimes			Policy describes specific procedures when a pregnant detainee is involved.
Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes			Protective gear is available for use and required for staff involved in an incident.
Staff documents every use of force and/or non-routine application of restraints.				
It is standard practice to review any use of force and the non-routine application of restraints.				The Chief of Security as well as the Warden reviews all incidents.
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. • Specialized training is given and Officers are certified in all devices they use.				Training records reviewed indicated compliance with the component.
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	\boxtimes			The requirement to use the Use of Force form is specific to SPCs. Local forms are sufficient to document any incident.
△ ACCEPTABLE ☐ DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

Facility policy 9.1, Use of Force and Restraints, is current and has been adapted to the requirements of the standard. While no use of force incidents occurred in the past 12 months, the staff are trained and properly prepared to handle these situations.

(b)(6), (b)(7)c June 9, 2011

STAFF DETAINEE COMMUNICATIONS

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

COMPONENTS	YES	No	NA	REMARKS
The ICE Field Office Director ensures that weekly announced				The section of this component that requires
and unannounced visits occur at the IGSA.				weekly announced and unannounced visits is
				specific to SPCs and CDFs. In addition to
		Ш	ΙШ	the two visits per week for Deportation
				Officers and/or IEAs, the AFOD and/or
				SDDO perform unannounced visits to the
Detention and Deportation Staff conduct scheduled weekly visits				facility at least weekly. Scheduled visits are conducted twice per
with detainees held in the IGSA.	\boxtimes			week on Tuesday and Thursday.
Scheduled visits are posted in ICE detainee areas.				week on Tuesday and Thursday.
Visiting staff observe and note current climate and conditions of				The Sub-Office that records all observations
confinement at each IGSA.				maintains records.
ICE information request Forms are available at the IGSA for use	\boxtimes			The ICE forms are readily available in the
by ICE detainees.				units.
The IGSA treats detainee correspondence to ICE staff as Special	\boxtimes			ICE staff picks up ICE request forms from
Correspondence.				the units daily.
ICE staff responds to a detainee request from an IGSA within 72	\boxtimes			The records reviewed in the Sub-Office
hours.				indicated compliance.
ICE detainees are notified in writing upon admission to the			l	The handbook issued to every detainee
facility of their right to correspond with ICE staff regarding their				clearly identifies how detainees contact ICE.
case or conditions of confinement.				,
◯ ACCEPTABLE □ DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

An interview with the COTR, who has developed an extensive tracking system, as well as a review of her files, plus interviews with staff and detainees in the facility, indicated compliance with the requirements of the standard. It is clear that the interactions between facility staff, ICE employees, and detainees are well coordinated and extensive thus providing every opportunity for clear, concise information for a detainee regarding her/his case.

(b)(6), (b)(7)c / June 9, 2011 AUDITOR'S SIGNATURE / DATE

DETAINEE TRANSFER STANDARD

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

COMPONENTS	YES	No	NA	REMARKS
 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. The notification is recorded in the detainee's file; and When the A File is not available, notification is noted within DACS 				Interviews with ICE staff assigned to the facility indicated that the A-file is maintained in the Sub-Office and a Deportation Officer provides all notifications.
Notification includes the reason for the transfer and the location of the new facility.				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			Security concerns provide ample justification for allowing discretion with the notification.
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.				
 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer; The detainee is not notified of the transfer until immediately prior to departing the facility; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	\boxtimes			Facility procedures have been written to preclude security issues from arising and match the requirements of the component. For example, when a large movement is planned, the transferees are isolated in a staging unit where the phones are turned off to preclude any notification outside the facility.
The detainee is provided with a completed Detainee Transfer Notification Form.				ICE staff was observed providing the Notification Forms during a movement on the second day of the inspection.
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			
 For medical transfers: The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; Medical transfers are coordinated through the local ICE office; and A medical transfer summary is completed and accompanies the detainee. 	\boxtimes			ICE staff coordinate any medical transfers with DIHS and the local medical staff will provide the summary as needed.
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.			\boxtimes	There is no DIHS staff present in the facility.
For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.			\boxtimes	All property is returned when a detainee is transferred.
Transfer and documentary procedures outlined in Section C and D are followed.				
Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			A sack lunch can be provided, if needed.
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	\boxtimes			ICE staff is responsible for the A-file and the file accompanies the detainee.

POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE				
TAKING PLACE. COMPONENTS	YES	No	NA	REMARKS
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RISK		ISK	REPEAT FINDING

DETAINEE TRANSFER STANDARD

REMARKS:

An interview with a Supervisory Immigration Enforcement Agent (SIEA), as well as a review of procedures, indicated that ICE staff is aware of the case management responsibilities regarding a detainee's transfer. Facility staff provides the necessary services within their control to facilitate the transfer of detainees.

(b)(6), (b)(7)c June 9, 2011

A. Type of Facility Reviewed	Estimated Man-days	Per Year:		
ICE Service Processing Center	78,178			
☐ ICE Contract Detention Facility				
 ICE Service Processing Center ICE Contract Detention Facility ICE Intergovernmental Service Agreement 	G. Accreditation C	ertificates		
	List all State or Natio		ation[s] receiv	/ed:
B. Current Inspection				
Type of Inspection	Check box if fac	ility has no ac	creditation[s]	
Field Office HQ Inspection			-	•
Date[s] of Facility Review	H. Problems / Com	plaints (Cor	oies must be a	attached)
June 7-9, 2011	The Facility is under			
,	Court Order		ss Action Ord	
C. Previous/Most Recent Facility Review	The Facility has Sign			
Date[s] of Last Facility Review	☐ Major Litigation		/Safety Issue	s
July 6-8, 2011	Check if None.		<u> </u>	
Previous Rating				
☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk	I. Facility History	,		
	Date Built			
D. Name and Location of Facility	1985			
Name		d or Ungrade	4	
Laredo Processing Center	Date Last Remodeled or Upgraded August 2009			
Address (Street and Name)	Date New Construction / Bed space Added			
4702 East Saunders	N/A	ion / bed spac	e Added	
City, State and Zip Code	Future Construction	DI I		
Laredo, Texas 78041				
County	Yes No Dat		1 (11.3.7	D 1 1
Webb	Current Bed space		d space (# Ne	w Beds only
Name and Title of Chief Executive Officer (Warden/OIC/Supt.) (b)(6), (b)(7)c Warden	400	Number: 0	Date: N/A	
Telephone # (Include Area Code)	J. Total Facility P			
956-7 (b) (6), (b)(7)c	Total Facility Intake	for previous	12 months	
Field Office / Sub-Office (List Office with oversight responsibilities)	9,031			
San Antonio/Laredo Sub-Office	Total ICE Man-days	for Previous	12 months	
Distance from Field Office	78,539			
170 miles				
	K. Classification L	evel (ICE S	PCs and CD	Fs Only)
E. ICE Information		L-1	L-2	L-3
Name of LCI (Last Name, Title and Duty Station)	Adult Male	144	24	21
(b)(6), (b)(7)c LCI / MGT of America	Adult Female	3	1	0
Name of Team Member / Title / Duty Location		147	25	21

		_	- 1
Name of LCI (Last Name, Title and Duty Station)	Adult Male	144	24
(b)(6), (b)(7)c LCI / MGT of America	Adult Female	3	1
Name of Team Member / Title / Duty Location (b)(6), (b)(7)c CI-Medical / MGT of America		147	25
(D)(6), (D)(7)C CI-Medical / MGT of America	-	•	•
Name of Team Member / Title / Duty Location	L. Facility Capa	acity	
(b)(6), (b)(7)c / CI-Food and Safety / MGT of America		Rated	Operational
Name of Team Member / Title / Duty Location	Adult Male	320	320
(b)(6), (b)(7)c / CI-Security / MGT of America	Adult Female	80	80

	Rated	Operational	Emergency		
Adult Male	320	320	320		
Adult Female	80	80	80		
☐ Facility holds Juveniles Offenders 16 and older as Adults					

M. Average Daily Population

	ICE	USMS	Other
Adult Male	201	0	0
Adult Female	10	0	0

N. Facility Staffing Level

Security: Support:	1 to I define Dealting Devel	
		Support: (b)(7)e

Date of Contract or IGSA

July 1, 2010

Name of Team Member / Title / Duty Location

F. CDF/IGSA Information Only

Contract Number

IGA 79-02-0106

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	0	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	1	1	0	1
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	0	0	0	1
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	2	5	1	0
	# Psychiatric Cases referred for Outside Care	0	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.

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

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

LCI Review Assurance Statement

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

LEAD COMPLIANCE INSPECTOR				
Lead Compliance Inspector: (Print Name)	Signature			
(b)(6), (b)(7)c				
Title & Duty Location	Date			
Lead Compliance Inspector, MGT of America	June 9, 2011			
TEAM	MEMBERS			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
(b)(6), (b)(7)c CI-Medical, MGT of America	(b)(6), (b)(7)c CI-Security, MGT of America			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
(b)(6), (b)(7)c CI-Food and Safety, MGT of America				
Recommended Rating: Superior Good Acceptable Deficient At-Risk				

Comments:

The Laredo Processing Center was built in 1985 and has been through several mission changes. Currently, the 400-bed facility is a "dedicated" IGSA used soley by ICE. As such, the facility management has adapted operations and procedures as well as policy to meet the most recent ICE requirements, specifically the Performance-Based National Detention Standards. Detainees are provided safe, secure housing in open dormitory setttings which were clean and orderly at the time of the inspection.

There were no significant incidents in the past year. The facility does not have (b)(7)e



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



MEMORANDUM FOR:

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

Acting Field Office Director

San Antonio Field Office

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

FROM:

Assistant Director for Detention Management

SUBJECT:

Laredo Processing Center Annual Review

The annual review of the Laredo Processing Center conducted on June 7 - 9, 2011, in Laredo, Texas has been received. A final rating of <u>Good</u> has been assigned. No further action is required and this review is closed.

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

- The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before June 7, 2012.

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

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

Deputy Assistant Director, Detention Management Division at (202) 73(b)(7)c

ce: Official File ICE:HOERO: (b)(6), (b)(7)c 08/15/2011 (b)(7)e