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



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

Port Isabel Service Processing Center February 8 – 10, 2011

Detention Management Division 801 I Street NW Washington, DC 20536

What is "Performance-Based"?

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

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

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

Worksheet Overview

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

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

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

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

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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PART 1 - 1. EMERGENCY PLANS

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

Worksheet	Outcome	Numerator/Denominator	Value	Outcome
Item #	Measure			Measure
17	1 (Key)	Number of injuries resulting from fires requiring medical treatment	0	
	(1C09)		<u> </u>	
	ļ	divided by the average daily population (ADP)	709	0
19,21	2 (Key)	Number of fires that resulted in property damage	1	
	(1C10)	divided by the average daily population (ADP)	709	0.001
21	3 (Key)	Number of hours that facility operations were	0	
		suspended due to emergencies that were not		
	(1C08)	caused by forces external to the facility		
		divided by the number of emergencies.	0	0
21	4	Number of emergencies, caused by forces	1	
		external to the facility, that result in property		
	(1C01)	damage		
<u> </u>		divided by the average daily population (ADP)	709	0.001
21	5	Dollar amount of property damage from fire	66.44	
	(1C11)	divided by the average daily population (ADP)	709	0.093
21	6	Number of code violations cited	13	
	(1C12)	divided by the average daily population (ADP)	709	0.018
21	7	Number of incidents of inventory discrepancies	0	
	(1C14)	divided by the average daily population (ADP)	709	0
21	8	Number of incidents involving toxic or caustic materials	0	
	(1C13)	divided by the average daily population (ADP)	709	0

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

		Outcome Measures Worksheet		<u></u>
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3, 8, 13	1 (Key)	Number of worker's compensation claims filed for injuries that resulted from the physical environment.	N/A	
	(1A01)	divided by the average number of full-time equivalent staff positions	794	0
1,8,13,18	2 (Key) (1A04)	Number of physical injuries or emotional traumas requiring treatment as a result of the physical environment of the facility	92	
		divided by the average daily population.	709	0.12
27,30,31	3 (Key) (1A06)	Number of sanitation or health-code violations identified by external agencies	0	
_	(1400)	divided by the average daily population (ADP)	709	0
3,10,17,36	4 (Key)	Number of detainee grievances related to safety or sanitation found in favor of detainees	4	



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

(1A08)	divided by the number of detainee's grievances	5	0.8
	related to safety or sanitation.		
	Number of detainee injuries resulting from fires	0	
(1A10)		Ì	
	divided by the average daily population (ADP)	709	0
6	Number of illnesses requiring medical attention	0	<u> </u>
(1402)	as a result of the physical environment of the		
(17.02)		<u> </u>	
	divided by the average daily population	709	0
7		0	
(1A07)		0	0
0			
°			
(1A09)		ļ 0	NA
0			
9	Number of detainee injuries (other than by fire)	325	
(1A11)		700	0.450
10			0.458
10	number of starr injuries resulting from fires	U	
(1A12)		70.4	
		794	0
11			
	modical treatment		
(1A13)		(b)(7)e	
			(b)(7)e
12	Number of detained lowerite related to defety or	0	
		U	
(1A14)			0
1	related to safety or sanitation	υ	١٥
	5 (Key) (1A10) 6 (1A02) 7 (1A07) 8 (1A09) 9 (1A11)	related to safety or sanitation. 5 (Key) (1A10) Number of detainee injuries resulting from fires requiring medical treatment in a 12-month period divided by the average daily population (ADP) Number of illnesses requiring medical attention as a result of the physical environment of the facility divided by the average daily population Number of health code violations corrected divided by the number of health code violations identified. Number of fire-code violations corrected divided by the number of fire code violations cited by jurisdictional authority. Number of detainee injuries (other than by fire) requiring medical treatment divided by the average daily population. Number of staff injuries resulting from fires requiring medical treatment divided by the average daily number of staff in the past 12 months. Number of staff injuries (other than fire) requiring medical treatment divided by the number of fire related incidents during the past 12 months. Number of staff injuries (other than fire) requiring medical treatment divided by the number of fire related incidents during the past 12 months. Number of detainee lawsuits related to safety or sentition found in fours of the detainee	related to safety or sanitation. 5 (Key) (1A10) Number of detainee injuries resulting from fires requiring medical treatment in a 12-month period divided by the average daily population (ADP) Number of illnesses requiring medical attention as a result of the physical environment of the facility divided by the average daily population Number of health code violations corrected Number of health code violations corrected Number of fire-code violations corrected Number of fire-code violations corrected Number of detainee injuries (other than by fire) requiring medical treatment divided by the average daily population. Number of staff injuries resulting from fires requiring medical treatment divided by the average daily population. Number of staff injuries resulting from fires requiring medical treatment divided by the average daily number of staff in the past 12 months. Number of staff injuries (other than fire) requiring medical treatment divided by the number of fire related incidents during the past 12 months. Number of detainee lawsuits related to safety or sanitation found in favor of the detainee divided by the number of detainee lawsuits

PART 1 - 3. TRANSPORTATION (BY LAND)

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

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party	0	
	(1B02)	divided by the average daily population (ADP)	709	0
12	2	Number of vehicle accidents resulting in property damage	1	
		divided by the total number of trips	4554	.00022
12	3	Dollar amount of damage from vehicle accidents resulting in property damage	2,671.98	
	(1B03)	divided by the total number accidents	1	2671.98

PART 2 - 4. ADMISSION AND RELEASE

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Total number of detainees who received orientation presentations over the last year	7735	
		divided by the total number of detainees admitted into the facility over the last year	7735	1

PART 2 - 5. CLASSIFICATION SYSTEM

This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.

		Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1 (Key)	Number of escapes from the facility	0	
	(2A05)	divided by the average daily population.	709	0
2,3,4	2	Number of level 1 detainees admitted during the past 12 months	959	
		divided by total number of detainees admitted during the past 12 months	7735	.12
2,3,4	3	Number of level 2 detainees admitted during the past 12 months	1536	
		divided by total number of detainees admitted during the past 12 months	7735	.2

2,3,4	4	Number of level 3 detainees admitted during the past 12 months	2495	
		divided by total number of detainees admitted during the past 12 months	7735	.32
9,10,11	5	Number of classification appeals won over the last 12 months	14	
		divided by the number of classification appeals filed over the last 12 months	53	0.264

PART 2 - 6. CONTRABAND

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

Outcome	Magerirae	Worksheet
Culculic	Micabilica	wonsheer

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
6,7	1 (Key)	Number of weapons found in the facility over the past 12 months	16	
	(2C03)	divided by the average daily population.	709	0.022
6,7	2 (Key)	Number of controlled substances found in the facility	3	
	(2C04)	divided by the average daily population.	709	0.004
8	3	Number of incident reports involving contraband	37	.052
	(2C01)	divided by the average daily population.	709	

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

O	6.4	Later and the later and
CHICOME	Measures.	Worksheet

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value		Outcome Measure	
13	1	Number of incidents	(b)(7)e			•
	(2A01)	divided by the average daily population.	709	-	(b)(7)e	
3,4	2	Number of full time employees (FTE) filled				
	<u> </u>	Number of FTE authorized	7			
3,4	3	Number of security employees (FTE) filled	(b)(7		')e	
		Number of security FTE authorized				

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.

☐ Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.

Outcome I	Measures.	Worksheet

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
29, 30, 31	1 (Key)	Number of missing property claims submitted during the past 12 months	17	
		divided by the number of detainees admitted during the past 12 months	7735	0.0024
29, 30, 31	2 (Key)	Number of grievances filed by detainees	31	

		regarding their property		
	(7D03)	divided by the average daily population.	709	0.043
7	3 (Key)	Number of detainee grievances on property decided in favor of detainees	20	
	(7D04)	divided by the total number of detainee grievances on property.	31	0.64

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
6 1	1 (Key)	Number of detainees kept in hold rooms beyond the 12 hour time constraint in the past 12 months	0	
		divided by the number of admissions	7735	0

PART 2 - 10. KEY AND LOCK CONTROL

This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

		Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
21	1	Number of incidents involving keys	22	
	(2D01)	divided by the average daily population.	709	0.031
21	2	Number of incidents involving locks	15	
		divided by the average daily population.	709	0.021

PART 2 - 11. POPULATION COUNTS

This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1	Number of incident reports involving count issues (delayed counts, inaccurate counts, recounts)	0	
		divided by the total number of counts.	1825	0

PART 2 - 12. POST ORDERS

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

Outcome Measures Worksheet

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

PART 2 - 13. SEARCHES OF DETAINEES

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

Outcome Measures Worksheet

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
5	1 (Key)	Number of strip searches conducted over the past 12 months	0	
		divided by number of detainees admitted into the facility over the past 12 months	7735	0

PART 2-14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

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

Outcome Measures Worksheet

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
10	1 (Key)	Number of confirmed sexual misconduct incidents between staff and detainees	0	
	(4D11)	divided by the average daily population for the past 12 months.	709	0
10	2 (Key) (4D12)	Number of confirmed sexual misconduct incidents between volunteers and/or contract personnel and detainees	0	
	(divided by the average daily population.	709	0
10	3	Number of alleged sexual misconduct incidents between staff and detainees	0	
	(4D09)	divided by the average daily population.	709	0
10	(4D10)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees	0	
		divided by the average daily population.	709	0

PART 2 - 15. SPECIAL MANAGEMENT UNITS

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
47 1	1	Number of detainees held in SMU beyond 30 days during the past 12 months	19	
		divided by the number of admissions to segregation in the past 12 months	260	0.07
36	2	Number of grievances regarding access to courts found in favor of the detainee during the past 12 months while in SMU	0	
		divided by the number of grievances regarding access to courts during the past 12 months while in SMU	0	0
40,41,42	3	Number of grievances regarding access to recreation activities found in favor of the detainee during the past 12 months while in SMU	0	
		divided by the number of grievances regarding access to recreation activities during the past 12 months while in SMU	0	0
1	4	Number of incidents in SMU	1	
		divided by the number of admissions to SMU.	260	0.003

PART 2 - 16. STAFF-DETAINEE COMMUNICATION

This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,2,3	1 (Key)	Number of ICE scheduled visits during the last 12 months	185	
		divided by 52 (weeks).	3.5	3.55
1,2,3	2	Number of ICE unannounced visits during the last 12 months	542	
		divided by 52 (weeks).	10.42	10.42
5,8,9	3	Number of Staff Detainee Request forms responded to within 72 hours	8041	
		divided total number of Staff Detainee Request forms for the past 12 months	21486	0.374

PART 2-17. TOOL CONTROL

This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3	1	Number of incidents involving tools	1	
	(2D02)	divided by the average daily population.	709	0.001
3	2	Number of incidents involving culinary equipment	0	
	(2D03)	divided by the average daily population.	709	0
3	3	Number of incidents involving medical equipment and sharps	0	·
	(2D04)	divided by the average daily population.	709	0

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
7, 28	1 (Key)	Number of instances in which force was used	117	
	(2B01)	divided by the average daily population.	709	0.165
7, 9	2 (Key)	Number of times that staff uses of force were found to have been inappropriate	0	
	(2B03)	divided by the number of uses of force	117	0
16,21	3 (Key)	Number of injuries requiring medical treatment resulting from staff use of force	1	
	(2B06)	divided by the average daily population	709	.01
7, 9	4 (Key)	Number of detainee grievances filed alleging inappropriate use of force decided in favor of	11	
	(2B04)	the detainees	1	
		divided by the number of grievances alleging inappropriate uses of force.	24	0.45

PART 3 - 19. DISCIPLINARY SYSTEM

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of rule violation reports	147	
	(3A01)	divided by the average daily population.	709	0.207
1	2 (Key)	Number of assaults detainee against detainee	74	
	(3A02)	divided by the average daily population	709	0.104
1	3 (Key) (3A02)	Number of assaults detainee against staff	26	
		divided by the average daily population	709	0.036
1	4 (Key)	Number of 100 and 200 level violations	183	
		divided by the average daily population.	709	0.258
1 5 (Key	5 (Key)	Number of 300 and 400 level violations	37	01200
		divided by the average daily population.	709	0.052
6	6	Number of disciplinary violations resolved at the unit level	10	
		divided by the total number of disciplinary violations adjudicated	367	0.027

PART 4 - 20. FOOD SERVICE

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

Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3	1 (Key)	Number of documented detainee illnesses attributed to food service operations	0	
	(4A01)	divided by the average daily population (ADP)	709	0
3	2 (Key) (4A02)	Number of detainee grievances about food service decided in favor of the detainee the past 12 months	55	
		divided by the number of detainee grievances about food service.	84	0.654
52	3 (Key)	Number of violations cited by independent authorities for food sanitation in the past 12	0	
	(4A03)	months.	1	

PART 4 - 21. HUNGER STRIKES

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1 (Key)	Number of hunger strikes during past 12 months	12	
		divided by the average daily population	709	0.016
13 2 (Ke	2 (Key)	Number of detainees transported to outside facilities as a result of a hunger strike	0	
		divided by the number of hunger strikes during the past 12 months	12	0

PART 4 - 22. MEDICAL CARE

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

		Outcome Measures Worksheet		
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
67	1 (Key) (4C12)	Number of detainee deaths due to injuries	0	
		divided by the average daily population.	709	0
67	2 (Key) (4C13)	Number of medically expected detainee deaths	0	
		divided by the average daily population.	709	0
67	3 (Key)	Number of medically unexpected detainee deaths	0	
	(4C14)	divided by the average daily population.	709	0
29,67	4 (Key)	Number of detainee admissions to off-site hospitals	1347	-
	(4C16)	divided by the average daily population.	709	1.899
5,29	5 (Key)	Number of detainees transported off-site (via an ambulance or correctional vehicle) for treatment	1347	
	(4C17)	of emergency health conditions		
		divided by the average daily population.	709	1.899
1	6 (Key)	Number of detainee grievances about access to health care services found in favor of the	23	
	(4C19)	detainee		
		divided by the number of detainee grievances	46	0.5
	7 (14	about access to healthcare services	ļ	
1	7 (Key)	Number of detainee grievances related to the quality of health care found in favor of detainees	44	
	(4C20)	Divided by the number of detainee grievances related to the quality of health care	79	0.556

2,9	8 (Key)	Number of staff with lapsed licensure and/or certification	(b)(6)	, (b)(7)c
	(4D01)	divided by the number of licensed or certified staff.		, (-)(-)-
23	9	Number of detainees with a positive tuberculin skin test on admission	27	
	(4C01)	divided by the number of admissions.	709	0.038
23	10	Number of detainees diagnosed with active tuberculosis	18	
	(4C02)	divided by the average daily population.	709	0.025
23	11	Number of conversions to a positive tuberculin skin test	0	
	(4C03)	divided by the number of tuberculin skin tests given.	67	0
23	12 (4C04)	Number of detainees with a positive tuberculin skin test who complete prophylaxis treatment for tuberculosis	27	:
	(1001)	divided by the number of detainees with a positive tuberculin skin test on prophylaxis treatment for tuberculosis.	27	1
44	13	Number of Hepatitis C positive detainees	(b)(7)e	(b)(7)e
	(4C05)	divided by the average daily population.	709	(b)(7)e
44	14	Number of HIV positive detainees	(b)(7)e	
	(4C06)	divided by the average daily population.	709	(b)(7)e

PART 4 – 23. PERSONAL HYGIENE

This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,2	1 (Key) (4B01)	Detainee grievances regarding detainee access to personal hygiene decided in favor of the detainee	6	
		divided by the average daily population.	709	0.008
	2 (Key)	Number of detainee grievances related to hygiene found in favor of the detainee	6	
	(4B04)	divided by the number of detainee grievances related to hygiene.	10	0.6
7,8	3 (4B03)	Number of detainees diagnosed with hygiene- related conditions (scabies, lice, or fungal infections)	455	
		divided by the average daily population.	709	0.641
7	4	Number of detainee lawsuits related to hygiene found in favor of the detainee.	0	
	(4B05)	divided by the number of detainee lawsuits related to hygiene	0	0

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
3	1 (Key)	Number of detainee suicide attempts	2	
	(4C09)	divided by the average daily population	709	0.002
4	2 (Key)	Number of detainee suicides	0	
	(4C10)	divided by the average daily population.	709	0

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications. Outcome Measures Worksheet Worksheet Outcome Numerator/Denominator Value Outcome Item# Measure Measure NA

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
8,9,10	1 (Key)	Number of detainee grievances regarding correspondence and other mail	1	
		divided by the average daily population	709	0.001
8,9,10	2 (Key)	Number of detainee grievances regarding correspondence and other mail decided in favor of detainees	1	
		divided by the total number of grievances	686	0.001

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

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value		utcome easure	
1	1	Number of escorted trips denied				
		Divided by the number of requests received	(b)(7) o	(b)(7)e	
14	2	Number of detainees who became disruptive during the trip resulting in the trip's termination	(b)(7)e			
		Divided by the number of escorted trips taken		(b)	(7)e	

PART 5 - 28. MARRIAGE REQUESTS

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

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

PART 5 - 29. RECREATION

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,6,7,8	1	Average number of detainees participating in recreation per day	709	
		divided by the average daily population	709	1
18	2	Number of detainee grievances, regarding: recreation	7	
		divided by the average daily population.	709	0.009
1	3	Number of detainee voluntary transfers (recreation related) approved	0	
	<u> </u>	divided by the total number of voluntary transfers (recreation related) requested	0	0
1	4	Number of voluntary transfers (recreation related) requested	0	
		divided by the average daily population	709	0

PART 5 - 30. RELIGIOUS PRACTICES

This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1 (Key)	Number of detainee grievances regarding religious practices	3		
		divided by the average daily population.	709	0.004
1 2	2	Number of detainee grievances regarding religious practices decided in favor of detainees	1	
		divided by the total number of grievances filed	686	0.001

PART 5 - 31. TELEPHONE ACCESS

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
27	1	Number of detainee grievances regarding telephone access	18	
	<u></u>	divided by the average daily population.	709	0.025
27	2	Number of detainee grievances regarding telephone access decided in favor of detainees	15	
		divided by the total number of grievances filed	686	0.021

PART 5 - 32. VISITATION

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

Worksheet tem#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1	1	Number of detainee grievances regarding visitation	2	
		divided by the average daily population.	709	0.002
1	2	Number of detainee grievances regarding visitation decided in favor of detainees	2	
	l	divided by the total number of grievances filed	686	0.002

PART 5 - 33. VOLUNTARY WORK PROGRAM

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

Workshee titem#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
8	1	Number of detainee grievances regarding voluntary work program	14	
		divided by the average daily population.	709	0.019
8 2	2	Number of detainee grievances regarding voluntary work program decided in favor of detainees	13	
		divided by the total number of grievances filed	686	0.018
1,3	Average number of detainees participating in the voluntary work program	142		
		divided by the average daily population	709	0.0200
1,3	4	Average monthly total wages paid to detainees	1100	
		divided by the average daily population	709	1.551

PART 6 - 34. DETAINEE HANDBOOK

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

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

PART 6 - 35. GRIEVANCE SYSTEM

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

	-	Outcome Measures Worksheet		
Worksheet Item #	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
7	1 (Key)	Number of detainee grievances regarding discrimination	6	
	(6B01)	divided by the average daily population.	709	0.008
8,11	2 (Key)	Number of detainee grievances regarding discrimination resolved in favor of detainees	4	
	(6B02)	divided by the total number of detainee grievances filed regarding discrimination.	686	0.005
8,11	3 (Key)	Number of grievances resolved in favor of detainees	436	
	(6B03)	divided by the average daily population.	709	0.614
8,11	4 (Key)	Number of grievances resolved in favor of detainees	436	

(6B04)	divided by the total number of grievances filed.	686	0.635	

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
18	1	Number of detainee grievances regarding access to court decided in favor of detainees.	1	
		divided by the total number of grievances filed	686	0.001
18	2	Number of detainee grievances, regarding access to court	1	
		divided by the average daily population.	709	0.001

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS

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

		Outcome Measures Workshe	eet	
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
-		NA		
			<u>. </u>	

PART 7 - 38. DETENTION FILES

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

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
2	1	Number of detainee grievances on records decided in favor of detainees	0	
	(7D04)	divided by the total number of detainee grievances.	686	0
2	2	Number of detainee grievances on records	1	
	(7D03)	Divided by the average daily population.	709	0.001

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS

This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.

Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
1,3	(7500)	Number of complaints filed by the public/media regarding access to information and/or the facility	0	
	(7F03)	divided by the average daily population.	709	0
1,3 2	2	Number of positive letters/news articles made by the public/media regarding the facility	0	
	(7F04)	divided by the average daily population.	709	0

PART 7 - 40. STAFF TRAINING

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

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

PART 7 - 41. TRANSFER OF DETAINEES

This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.

		Outcome Measures Workship	eet	
Worksheet Item#	Outcome Measure	Numerator/Denominator	Value	Outcome Measure
	:	NA		

N/A

Basic Rates per Man-Day

Istimated Man-days Per Year

Other Charges: (If None, Indicate N/A)



A. Type of Facility Reviewed	G. Accreditation Certificates				
ICE Service Processing Center	List all State or National Accreditation[s] received:				
☐ ICE Contract Detention Facility	ACA (Aug 2008); NCCHC (Oct 2008; JCAHO (Jun 2008)				
ICE Intergovernmental Service Agreement	Check box if facility has no accreditation[s]				
B. Current Inspection	H. Problems / C				
Type of Inspection	The Facility is unc				
Field Office HQ Inspection	Court Order		Class Action Orde	r	
Date[s] of Facility Review	The Facility has S				
February 8-10, 2011	Major Litigation		ife/Safety Issues		
	☐ Check if None	2.			
C. Previous/Most Recent Facility Review					
Date[s] of Last Facility Review	I. Facility Histo	ory			
February 16- 18, 2010	Date Built				
Previous Rating	1950 - outside bu	ıldıngs; 1995	o - dorm; 2007 - <i>i</i>	Administration	
Superior Good Acceptable Deficient At-Risk	Building	1 1 T7			
	Date Last Remode				
D. Name and Location of Facility	2007 - Administr Date New Constru				
Name	Date New Constit	icuon / beast	ace Added		
Port Isabel Service Processing Center	Future Construction	on Dlonnad			
Address (Street and Name)	Yes No I		leoreation vards		
27991 Buena Vista Boulevard	Current Bedspace		Bedspace (# New		
City, State and Zip Code	1,016		r: N/A Date:	Deas only)	
Los Fresnos, Texas 78566	1,010	rvanioo	. I WIL DUID.		
County Cameron	J. Total Facility	v Population			
Name and Title of Facility Administrator (Warden/OIC/Supt.)	Total Facility Intal		ıs 12 months		
(b)(6), (b)(7)c Assistant Field Office Director	7,735	 ,			
Felephone # (Include Area Code)	Total ICE Manday	ys for Previou	s 12 months		
956-84(6), (b)(7)c	268,541	•			
Field Office / Sub-Office (List Office with oversight responsibilities)					
San Antonio, Texas / Harlingen, Texas	K. Classification Level (ICE SPCs and CDFs Only)				
Distance from Field Office		L-1	L-2	L-3	
250 miles / 30 miles	Adult Male	557	137	93	
	Adult Female	0	0	0	
E. ICE Information					
Name of Inspector (Last Name, Title and Duty Station)	L. Facility Caps		1		
(b)(6), (b)(7)c CI/MGT		Rated	Operational	Emergency	
Name of Team Member / Title / Duty Location	Adult Male	850	1032	1200	
(b)(6), (b)(7)c CI-Security / MGT	Adult Female	N/A	N/A	N/A	
Name of Team Member / Title / Duty Location	☐ Facility holds J	uveniles Offer	nders 16 and older	as Adults	
(b)(6), (b)(7)c CI-Medical Care / MGT	M D-9	L- D1-4!			
Name of Team Member / Title / Duty Location	M. Average Dail			Other	
(b)(6), (b)(7)c CI-Food Service / MGT	A d. tt Mala	ICE		Other N/A	
Name of Team Member / Title / Duty Location	Adult Male Adult Female	709 N/A		N/A N/A	
(b)(6), (b)(7)c CI-Environmental Health and Safety / MGT	Adult Female	I N/A	IN/A	IN/A	
E CDE/ICS A Information Only	N. Facility Staff	ing Level			
F. CDF/IGSA Information Only Contract Number Date of Contract or IGSA	Security:	ing Devel	Support:	<u> </u>	
TOTHER TRUBBLE TO THE TOTAL OF TOTAL	NOTHERLY!		~abbar #		

12 - SIEA

12 - Deportation

447 - Contract Security

89 - IEA

54 - Transportation

56 - IHSC Support

12 - EOIR Support

31 - Contract Maintenance



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.)	15-P	10-P	7-P	14-P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	15	10	7	14
Assault:	Types (Sexual Physical, etc.)	8-P	4-P	7-P	8-P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	8	4	7	8
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	1
Number of Times Special Reaction Team Deployed/Used		1	I	0	1
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		<u>. </u>			
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	1	0
Grievances:	# Received	274	131	147	134
	# Resolved in favor of Offender/Detainee	125	62	115	90
Deaths	Reason (V=Violent, I=IIlness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	A	0
	Number	0	0	2	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	435	260	280	415
	# Psychiatric Cases referred for Outside Care	5	4	3	6

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

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

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

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



	DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT				
	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PAF	RT 1 SAFETY	1.4%	THE ST	545	
1	Emergency Plans	Ø			
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)				
PAF	TT 2 SECURITY	1 3 3 3 3	\$150 p.c.	1925 N. 1	· 1 - 4 - 4
4	Admission and Release				
5	Classification System				
6	Contraband				_
7	Facility Security and Control				
8	Funds and Personal Property				
9	Hold Rooms in Detention Facilities	\boxtimes			
10	Key and Lock Control				
11	Population Counts	\boxtimes			
12	Post Orders	\boxtimes		\Box	-
13	Searches of Detainees	\square			
14	Sexual Abuse and Assault Prevention and Intervention	\boxtimes			
15	Special Management Units				
16	Staff-Detainee Communication	×			
17	Tool Control	Ø			
18	Use of Force and Restraints				
PAF	ATO ORDER	5 3 W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i Tari bi yang ti Kananan Kananan
19	Disciplinary System				34 74
PAF	T4 CARE			17.75 B A 17.75	
20	Food Service	⊠			
21	Hunger Strikes				
22	Medical Care				
23	Personal Hygiene				<u> </u>
24	Suicide Prevention and Intervention				
25	Terminal Illness, Advance Directives, and Death				
PAR	ET 5 ACTIVITIES		Á	0.00	
26	Correspondence and Other Mail	\boxtimes			
27	Escorted Trips for Non-Medical Emergencies				
28	Marriage Requests				
29	Recreation				
30	Religious Practices	×			
31	Telephone Access				
32	Visitation				
33	Voluntary Work Program	\boxtimes			
PAR	T 6 JUSTICE				
34	Detainee Handbook	⊠			
35	Grievance System				
36	Law Libraries and Legal Material				
37	Legal Rights Group Presentations				
PAR	TY ADMINISTRATION & MANAGEMENT				
38	Detention Files	×			CONTRACTOR SEC. 1
39	News Media Interviews and Tours				
40	Staff Training				
41	Transfer of Detainees				



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.

LEA	AD COMPLIANCE INSPECTOR
Lead Compliance Inspector: (Print Name)	Signat
(b)(6), (b)(7)c	(b)(6), (b)(7)c
Title & Duty Location	Date
LCI, MGT	February 10, 2011
	TEAM MEMBERS
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Security, MGT	(b)(6), (b)(7)c CI-Medical Care, MGT
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Food Service, MGT	(b)(6), (b)(7)c I-Environmental Health and Safety, MGT

Does Not Meet Standards

🔀 Meets Standards

Comments:

Recommended Rating:

This facility houses adult male detainees of all security levels and has a rated capacity of 1016. At the time of inspection, the facility count was 859: 653 were security level 1 detainees; and 206 were criminal detainees (levels 2 and 3). The facility is a renovated military base situated on 334 acres of land. There are 120 acres within the secure (fenced) perimeter. The facility has a mix of both renovated older buildings and some newer, more modern structures. Four new housing units were constructed in the mid 1990s; each consists of four dormitories that can house up to 75 detainees in each dorm. The administration building was constructed in 2007 and also houses the medical unit, immigration court services and detainee visitation areas. A separate ICE operation (Rio Grande Staging Unit) operates from the administration building; however, it is not administratively assigned to this facility. The Rio Grande Staging Unit receives and pre-classifies detainees for multiple detention facilities in the area, inclusive of the Port Isabel Service Processing Center (PISPC). The PISPC has staffing that is inclusive of: ICE / Detention and Removal Office (DRO); ICE Health Services Corps (IHSC); Executive Officer Immigration Review (EOIR); and contracted security services with Ahtna Technical Services Inc (ATSI). The facility manages a transportation unit which is staffed with both ICE and ATSI personnel.

A review of the statistical summary reflects one escape in the third quarter, as described below:

• On 08-29-10, an ICE detainee escaped from an off-site community hospital in Brownsville, Texas. A nurse at the hospital aided the escape of the detainee by opening a secure door. Appropriate local, state, and federal authorities were notified and a man-hunt ensued. The subject was ultimately apprehended on 11-08-10 in McAllen, Teas. The status of prosecution was unclear at the time of this inspection. (NOTE: The facility outcome measures report does not report an escape from the facility as this escape occurred at an off-site location.)

There were two attempted suicides during the reporting period. Both attempts were made by the same ICE detained approximately five weeks apart. These incidents are described below:

- A 24-year old male ICE detainee from Pakistan was admitted on 06-14-10 with no history of suicidal ideation on intake screening. On 08-22-10, the detainee was found by a detention officer in the short stay unit with blood splattered in the room from self-inflicted lacerations from a razor blade on both forearms. The on-call mental health provider was notified and ordered the detainee be taken to an outside hospital. The lacerations on the left forearm required 15 staples and the lacerations on the right forearm required steri-strips. The detainee was discharged from the hospital on 08-24-10, with a diagnosis of adjustment disorder with anxious and depressed mood. Upon return to the facility the detainee was psychiatrically cleared to be released to general population and needed only wound care. He stated he only cut his wrist because he did not want to be incarcerated; otherwise, he has no intention of killing himself.
- On 09-29-10, a detention officer noticed the same ICE detainee: checked out a razor; broke the razor; used it on his wrists; and then discarded the razor. A mental health provider was notified and the detainee was transported to an offsite hospital. Lacerations were noted on the left lower forearm; however, no sutures were required for this injury. The detainee stated he did not want to kill himself; he simply wanted to get out of the facility. He also stated he did not want to return to Pakistan, but rather wants to go to New York to be with his uncle. The detainee was discharged from the hospital on 10-04-10 and placed in the short stay unit. The detainee was again referred to the off-site hospital on 10-05-10, after indicating that he wanted to kill himself. The detainee was discharged from the hospital on 10-12-10 and placed on observation. On 10-15-10, the detainee agreed to return to the general population, indicating he has no plan or intent to harm himself. He stated he would continue meeting with mental health staff for supportive therapy.

Grievances reflected an increase in the first quarter of the reporting period and then returned to normal levels. Grievance logs and the grievance tracking program reflected no specific issue that would account for the increase. The facility administration was aware of the increase and monitors grievance numbers almost daily to ensure no indicators are missed that might warn them of a significant issue. A further review of the annual statistics and information provided on this form revealed numbers consistent with a facility of this size and scope.

(b)(7)e

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



FEB 15 2012

MEMORANDUM FOR:

Michael J. Pitts

Field Office Director

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

fice

FROM:

Assistant Director for Detention Management

SUBJECT:

Port Isabel Service Processing Center Annual Review

The annual review of the Port Isabel Service Processing Center conducted during February, 8-10, 2011, in Los Fresnos, Texas has been received. A final rating of <u>Meets Standards</u> has been assigned, and this review is closed.

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

 The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A, Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

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

cc: Official File

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www.ice.gov

Condition of Confinement Inspection Worksheet

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



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

5-11-09 update Intergovernmental Service Agreement (IGSA) X ICE Service Processing Center (SPC) ICE Contract Detention Facility (CDF) Name Port Isabel Service Processing Center Address (Street and Name) 27991 Buena Vista Boulevard City, State and Zip Code Los Fresnos, TX 78566 County Cameron Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) (b)(6), (b)(7)cAssistant Field Office Director Name of Lead Compliance Inspector (b)(6), (b)(7)cDate[s] of Review From February 8 to February 10, 2011 Type of Review Operational Special Assessment ☐ Other

Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

The Outcome Measures Worksheet section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the

facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the facility as part of a **key indicators** database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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Performance-Based National Detention Standards

Section I SAFETY

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

PART 1 –	1.	EMERGENCY PLAN	S
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This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.				
2.	Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees				
3.	Staff is trained to identify signs of detainee unrest. What type of training and how often?				The facility provides instruction regarding signs of detainee unrest during pre-service and annual in-service training. A module entitled Direct Observation of Detainees and Counseling is used as a training resource. Random training files were reviewed, which support compliance with this component.
4.	Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.				Each emergency plan has an assigned number and location and the chief of security (COS) maintains a listing of each. A control number for each manual is used and each emergency plan is signed by the staff member issued the plan.
	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			Staff is trained on the emergency plans during pre-service training and at annual in-service thereafter. Random training files were reviewed by this inspector, which revealed dates and signatures verifying attendance by staff.
	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.				

PART 1	- 1. El	MERGE	NCY P	ANS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9.	 The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 				
	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.				
11.	Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			
	The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies				This inspector reviewed six signed and dated Memoranda of Understanding (MOU) relative to mutual assistance with local, state, and federal law enforcement agencies.
13.	The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	X			A joint training exercise that utilized multiple agencies in an emergency response scenario was completed at the facility on 06-11-10.
	All staff receive copies of the Facility Hostage policy and procedures.				Copies of the hostage plan are provided to staff at initial pre-service training.
	Staff are (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	\boxtimes			Instruction during pre-service and in-
	The facility maintains a list of translator services in the event one is needed during a hostage crisis.	\boxtimes			
	Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	\boxtimes			
	The Food Service Department maintains at least 3-days' worth of emergency meals for staff and detainees.				The facility's kitchen maintains a 15-day supply of food to provide meals for staff and detainees in the event of an emergency.
	Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).				
	Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.				

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for de to quickly and effectively respond to any emergency situatio	tainees	and empl	oyees to min	by having in place contingency plans	
Components	Meets Standard	Does Not Meet Standard	A/A	Remarks	
21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances		. 🗆		The facility's emergency plan is comprehensive and there are written procedures to address all aspects of this component.	
 The Emergency Plans specify a procedure for post- emergency debriefings and discussions. 	\boxtimes				
PART 1 – 1. EME	RGEN	CY PLAN	<u> </u>		
⊠ Meets Standard ☐ Does Not Meet S	tandar	d N	/A	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) The facility has emergency plans to meet the requirements of this standard. Facility policy was reviewed and it provides a comprehensive listing of procedures to follow during various emergency situations. The master emergency manual was reviewed which contains a set of contingency plans for all types of emergencies. Interviews with staff indicated good familiarization with the emergency plan and how to locate it if necessary. Additionall (b)(7)e Staff is trained to recognize signs of unrest during pre-service and annual in-service training. The facility followed the plan in June 2010 when a complete evacuation of the facility occurred due to Hurricane Alex; the operation reportedly went smoothly. (b)(6), (b)(7)c February. Reviewer's Signature / Date					

PART 1 – 2. ENVIRONMENTAL HEALTH AN	ANI	ALTH AND	SAFETY
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This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	issuing, and maintaining inventories of hazardous materials.				Facility policy and procedures establish a guide for the storing, issuing, and maintenance of inventories of hazardous materials.
2.	toxic, and caustic substances used/stored in each area of the facility.				A physical review of hazardous material inventories revealed they were properly maintained, easy to understand, and quantities were correct.
3.	 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 				Master copies of MSDS are located in the facility's fire safety office. MSDS are up-to-date and copies are available to staff in areas where hazardous substances are maintained. All storage areas are identified as required by this component.
4. •	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official.				
5.	The MSDS are readily accessible to staff and detainees in the work areas.				The facility maintains copies of MSDS in each work and housing area. The forms are readily accessible.
6.	 Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 				
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.				
	All toxic and caustic materials stored in their original containers in a secure area.				
10.	Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.				

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				The facility does not use any products containing methyl alcohol.
 Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal. 				
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).				The facility was designed to meet all applicable codes when constructed. A review of the Texas State Fire Marshal's (TSFM) most recent report indicated the facility is maintaining compliance with the codes.
A technically qualified staff member conducts fire and safety inspections.	\boxtimes			Facility staff tasked with fire safety responsibilities have attended and are certified in the 40-hour ICE Collateral Duty Safety Officer (CDSO) Training.
 The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken. 				
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The facility has a comprehensive fire prevention, control, and evacuation plan, which has been approved by the AFOD and the TSFM.
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 				
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				The facility conducts monthly fire drills, which include the administrative area of the complex.
19. A sanitation program covers barbering operations.				Facility policy and procedures establish barber operations inclusive of an approved sanitation program.
 The barbershop has the facilities and equipment necessary to meet sanitation requirements. 				

	ENVIRONMENTAL		

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
21. The sanitation standards are conspicuously posted in the barbershop.				
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.				Facility policy and procedures establish requirements for the safe handling and disposal of used needles and other sharp objects.
 All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly. 				
 Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 				
25. Spill kits are readily available.				The facility maintains spill kits in each detainee housing area and the control center.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			Medical waste is disposed through a contract with Stericycle, Inc.
 Staff are trained to prevent contact with blood and other body fluids and written procedures are followed. 				
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			The facility contracts solid waste services through Calidad Environmental Services located in Robstown, Texas.
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			The facility has a certified staff pest control professional. He is on-site daily and maintains a log of sprayings and inspections.
 Drinking water and wastewater is routinely tested according to a fixed schedule. 	\boxtimes			
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			The facility's maintenance staff conducts and documents generator testing weekly. Periodic testing and service is conducted by Loftin Equipment Company, San Antonio, Texas.
32. The Facility appears clean and well maintained.				

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PART	1	- 2.	ENVIRONME	IATU	HEA! TH		CACCTV
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This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

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

The facility is situated on 334 acres of property approximately seven miles west of South Padre Island, Texas. It is constructed on U.S. government-owned property that previously served as a Naval Training Base. There are multiple buildings on the property of various size, construction and purpose. The detention facility itself is situated on 120 acres surrounded by secure perimeter fencing. The detainee housing areas were constructed between 1994 and 1998. They are single story buildings and all were constructed using the same design. Each living unit has four dormitories that 'spoke off' from a control room. This is a direct supervision facility. The facility's administrative, medical, visitation and court room areas were constructed in 2007 and renovated in 2008 following a hurricane in the area. Water is provided by a local water company who fills the facility's water tower and the facility maintains a waste water treatment facility on-site. Other utilities are provided to the facility via contract services with local providers. Generators are tested by facility maintenance staff and serviced through a contractual agreement.

The facility maintains a comprehensive fire and evacuation plan developed by facility staff and approved by the AFOD and the TSFM. Testing on fire prevention equipment is conducted, documented and maintained on file. The facility maintains an active fire department which consists of trained fire personnel and two fire trucks. Fire and safety inspections are completed, documented and maintained on file.

The facility is large and spread over several acres of property. Considering the size and proximity to coastal waters, the physical plant is maintained with good levels of maintenance and sanitation. The facility's administration and staff are committed to maintaining a good environmental health and safety program.

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

February 10, 2011

Reviewer's Signature / Date

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

	PART 1 – 3. TRANSPORTATION (BY LAND)								
eq	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.								
CO	Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1.	state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				Transportation officers are trained on applicable local, state, and federal regulations prior to assignment on the transportation team. This inspector reviewed random driver files to verify appropriate training was completed and documented.				
2.	commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.								
3.	Supervisors maintain records for each vehicle operated.	\boxtimes			A review of records for four vehicles supports compliance with this component.				
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.								
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.				Vehicle files reviewed indicated all repair requests were handled within a 72-hour period. Documentation included completed work reports for inhouse repairs, as well as receipts for work performed by outside companies.				
	Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service.								
	 Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area—exceeding the 10-hour limit. 								

<u> </u>	PARI 1 – 3. TRANSF		•						
eq	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in								
co	control of the detainee case.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
8.	(b)(7)e fficers with valid Commercial Drivers Licenses, (CDL s) required in any vehicle transporting detainees.			_	<u></u>				
	 When buses travel in tandem with detainees, there are b)(7) equalified officers per vehicle. 								
	(b)(7)e driver transports an empty vehicle.								
9.	The transporting officer inspects the vehicle before the start of each detail.				The driver completes a pre-use inspection checklist before the start of each transport.				
10.	. Positive identification of all detainees being transported is confirmed.								
11.	. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.								
12.	The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.								
13.	All uniformed officers wear their issued body armor in accordance with the ICE Body Armor policy and/or applicable contract policy when transporting detainees.								
14.	The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.								
	Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.								
	Officers ensure that no one contacts the detainees. (b)(7)e remains in the vehicle at all times when detainees are present.								
17.	Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	\boxtimes							

PART 1 – 3. TRANS	PORTA	TION (BY	LANI))		
This Detention Standard prevents harm to the general put equipped, maintained, and operated and that detainees are supervision of trained and experienced staff.	olic, det e transp	ainees, an oorted in a	id staf secur	f by ensuring that vehicles are properly e, safe and humane manner, under the		
☐ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.						
Components	Meets Standard Does Not Meet Standard		N/A	Remarks		
18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).		-				
 Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. 						
 Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 						
19. Vehicles have:						
(b)(7)e				(b)(7) facility vehicles were inspected and all had the equipment required by this component.		
20. The vehicles are clean and sanitary at all times.						
21. Personal property of a detainee transferring to another facility:						
Is inventoried.	\boxtimes					
Is inspected.	_	_				
Accompanies the detainee.						
22. The following contingencies are included in the written procedures for vehicle crews:						
Attack						
Escape	i					
Hostage-taking						
Detainee sickness						
Detainee death]			The post orders for the transportation		
Vehicle fire	\boxtimes			officers include a section for each of the		
Riot				contingencies included in this component.		
Traffic accident				•		
Mechanical problems						
Natural disasters						
Severe weather						

Passenger list is not exclusively men or women or

minors

PART 1 – 3. TRANSPORTATION (BY LAND)									
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding						
Remarks: (Record significant facts, o	bservations, other sources used	, etc.)							
Transportation is provided by ICE staff and member in charge of transportation has fill information required by this standard. The plans. Transportation Unit post orders are	les on every arriver utilized for transp e post orders for this assignment incl	ude a comprehe	The staff reviewed and found to include all ensive listing of emergency contingency						
(b)(6), (b)(7)c sbruary 10.									
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Performance-Based National Detention Standards

Section II SECURITY

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

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I TAIN! 4	- 4.	MUNICONIUM	AND REL	JGAJ.

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				The facility utilizes a video presentation, handbook, and verbal orientation as part of the admission process. All areas referenced in this component are addressed.			
2.	persons who have received specialized training for the purpose of conducting an initial health screening.				Medical staff performs initial health screenings.			
3.	to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.				Detainees are pre-classified by ICE prior to placement at the facility. It should be noted that the ICE Rio Grande Staging Unit (RGSU) handles initial intake and classification. This unit is on the facility grounds; however, is not administratively assigned to the PISPC. The RGSU processes detainees for this and two other nearby ICE detention facilities. The processing protocols are inclusive of pre-classification.			
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			Policy and procedures were reviewed and this inspector monitored the intake processing of new detainees. ICE requirements relative to strip searches are followed.			
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes			There were no reported strip searches of detainees this past reporting period. Policy guiding search procedures is consistent with this component.			
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	\boxtimes			This inspector monitored the intake process and reviewed applicable documentation, policy, and procedures. Personal property inventory and control at the facility is consistent with this component.			

	PART 2 – 4. ADMISSION AND RELEASE						
This I opera	This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.						
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
F:	taff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. acilities forward all I-387 claims to ICE.						
ar	etainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				Clothing and bedding issue is appropriate and sufficient for the climatic conditions. It is noted that during the inspection the temperatures dipped into the 30°F range, which is unseasonably cold for this area. Detainees moving within the facility were observed to be wearing sweatshirts with hoods, which was adequate for the weather conditions.		
	releases are coordinated with ICE.	\boxtimes					
re	aff complete paperwork/forms for release as quired.	\boxtimes					
se	ch detainee receives a receipt for personal property cured by the facility.	\boxtimes					
an	e facility has a system to maintain accurate records d documentation for admission, orientation, and ease.				Detention files maintained by the facility are comprehensive and inclusive of admission, orientation and release documents.		
rei Ali ac	E staff enter all information pertaining to release, moval, or transfer of all detainees into the Enforce en Detention Module (EADM) within 8 hours of tion.						
Sp	orientation material shall be provided in English, anish, and other language(s) as determined by the old Office Director.						
	PART 2 – 4. ADMIS	SION A	ND RELE	ASE			
	⊠ Meets Standard □ Does Not Meet S	tandar	d □ N/	Ά	☐Repeat Finding		

All areas of review, which supported facility compliance with the standard, included: a review of facility policy and procedures relative to the admission and release process; interviews of responsible staff; interviews of detainees; inspection of the receiving area; observation of detainee intake; and a review of detainee detention files. It should be noted that the ICE RGSU handles initial intake and classification. This unit is on the facility's grounds; however, is not administratively assigned to the PISPC. The RGSU processes detainees for this and two other nearby ICE detention facilities inclusive of the place of t

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) A D'	T 2			ACCITIO	ATION	SYSTEM
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This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes			The facility utilizes the ICE three-tier classification scoring instrument. Detainees are pre-classified before admission to the facility by the ICE RGSU utilizing the same (ICE) classification instrument. Classification decisions are reviewed by facility staff upon intake.
2.	The facility classification system includes:				-
	 Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification 				
	specialist reviews every classification decision.				
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				
4.	Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.				The ICE classification system relies on objective data to assign classification scores for detainees. This inspector monitored the intake process and observed the initial classification process of a detainee.
5.	Housing assignments are based on classification-level.				The facility has four primary living units, each with four pods that house up to 75 detainees per pod. Level 3 and "high" level 2 detainees are housed in one of these living units identified as "Delta Unit."
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			Recreation areas adjoin the living units. Housing assignments are driven by the classification process. Level 3 detainees are not housed with level 1 detainees.
7.	Detainee work assignments are based upon classification designations.				
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	\boxtimes			A review of detention files supported facility compliance with this component. Facility policy and procedures provide specific time frames which comply with this component.

	PART 2 5. CL						
Į to o	This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
9.	The classification system includes standar procedures for processing new arrivals' appeals. On a designated supervisor or classification specialist hat the authority to reduce a classification-level on appear	ly 🖂					
10.	Classification appeals are resolved w/in 5 busines days. Detainees are notified of the outcome within 1 business days.						
11.	Classification designations may be appealed to higher authority such as the Facility Administrator of equivalent.				Appeals may be made through the chain of command to the AFOD, and that decision is final. Appeals are made via the detainee grievance process.		
12.	The Detainee Handbook or equivalent for IGSA explains the classification levels, with the condition and restrictions applicable to each.				The detainee handbook provides comprehensive information regarding the classification process.		
 In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. 							
	PART 2 – 5. CL/	SSIFICA	TION SYS	TEM			
	☑ Meets Standard ☐ Does Not Mee	t Standa	rdi 🗌 N	/A	☐Repeat Finding		
Rema	Remarks: (Record significant facts, observations, other sources used, etc.)						
This inspector reviewed facility policy and procedures, inspected living areas, reviewed classification summaries and reviews, interviewed responsible staff and interviewed detainees. All areas of review supported that the facility meets this standard. The facility utilizes the standard ICE three-tier objective scoring instrument to classify and review classifications of detainees. Detainees are pre-classified before admission to the facility by the ICE RGSU utilizing the same classification instrument. The PISPC receiving staff review pre-classification decisions made by the RGSU as part of the intake process. (b)(6), (b)(7)c February 10, Reviewer's Signature / Date							
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					<u> </u>				
Th	PART 2 – 6. CONTRABAND This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.								
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				A review of the contraband log found it to be in compliance with this component.				
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.								
4.	Altered property is destroyed following documentation and using established procedures.								
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes							
6.	Staff follow written procedures when destroying hard contraband that is illegal.				A review of documentation that recorded the destruction of hard contraband reflects compliance with this component.				
7.	 Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 	\boxtimes			The contraband log was reviewed and reflected that hard contraband is sometimes retained for training purposes. This hard contraband is secured in the armory when not being used for training. Policy and procedures guide this process.				
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.								
9.	Facilities with Canine Units only use them for contraband detection.				The facility does not use canines.				
	PART 2 6 CONTRARAND								

Meets Standard

This inspector reviewed policy and procedures, contraband logs, reviewed search documents, interviewed staff, as well as monitored contraband being processed. All areas of review supported that the facility meets this standard. The facility has a secure area for all contraband and each item is noted and tracked in a Contraband Log.

■ N/A

Does Not Meet Standard

(b)(6), (b)(7)c	February 10
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Repeat Finding

DART 2 _ 7	EACH ITY	SECHBITY	AND CONTROL
TON: 4 - /.		SECURIT	AND CONTRUL

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.				
2.	At least one male and one female staff are on duty where both males and females are housed.	\boxtimes			Females are not housed at this facility.
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			
4.	Essential posts and positions are filled with qualified personnel.				Rosters were reviewed and compared to training records. Supervisors were interviewed. Interviews and training documentation served to verify staff are adequately selected and prepared for essential posts and positions.
5.	Every Control Center officer receives specialized training.	\boxtimes			
6.	Policy restricts staff access to the Control Center.	X			
7.	Detainees do not have access to the Control Center.	\boxtimes			
8.	Communications are centralized in the Control Center.	\boxtimes			
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.				
	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).				Employee Personal Data Cards are maintained in the control center. This information is only accessed in case of emergency. To access the cards a glass front container must be broken in order to obtain the key to the file.
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes			Recall lists are updated at least every two months or as otherwise needed.
12.	Staff make watch calls every half-hour between 6 PM and 6 AM.	\boxtimes			A log is maintained in the control center for recording watch calls. The log was reviewed by this inspector.
	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes			
	The front-entrance officer checks the ID of everyone entering or exiting the facility.				
	All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
	The facility has a secure, color-coded visitor pass system.				

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This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 Officers monitor all vehicular traffic entering and leaving the facility. 				
18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:		-		
The driver's name				A log do gramontino analigado de CC
Company represented				A log documenting vehicular traffic in and out of the facility is maintained at the
Vehicle contents				sally port. This inspector reviewed the
Delivery date and time				log and found it contained all
Date and time out	i			information required by this component.
Vehicle license number				
 Name of employee responsible for the vehicle during the facility visit 				
 Officers thoroughly search each vehicle 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. 				
 The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles. 				
 The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization. 	\boxtimes			
 Written procedures govern searches of detainee housing units and personal areas. 	\boxtimes			
24. Housing area searches occur at irregular times.				
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes			This is a direct supervision facility. An extensive camera monitoring system aids the supervision process. This inspector observed good interaction between staff (assigned to living units) and detainees.
26. There are post orders for every security officer post.	\boxtimes			,
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.				
 Every search of the SMU and other housing units is documented. 				
30. The SMU entrance has a sally port.				
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				

PART 2	- 7	FACILITY	SECURITY	AND CONTROL
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This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
32. 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 • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement				This inspector reviewed documentation of facility security inspections for varied dates. The facility security inspection plan is comprehensive and reports reviewed reflected compliance with this component.			
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes			Several security inspection reports were reviewed by this inspector and found to be appropriately completed, signed and dated.			
34. Documentation of security inspections is kept on file.							
 Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager. 							
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.							
 Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented. 							
 Walls, fences, and exits, including exterior windows, are inspected for defects once each shift. 	\boxtimes						
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 							
40. Visitation areas receive frequent, irregular inspections.							
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.							
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	\boxtimes						
FACILITY SECUR	TY AN	D CONTR	OL				
⊠ Meets Standard □ Does Not Meet S							

This inspector reviewed facility policy and procedures, reviewed inspection reports, reviewed post orders, inspected the facility's physical plant and interviewed staff. All areas of review reflected facility compliance with this standard. The facility has policy and procedures established which meet the PBNDS requirements. Applicable procedures were reviewed with staff assigned to the control center and they provided appropriate answers to all questions. Logbooks for watch call, general information, and the sally port were reviewed and reflected a good flow of information. Interviews with control center and sally port staff indicated they clearly understood their security

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	PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes						
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.							
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.							
4.	Two officers are present during the processing of detainee funds and valuables during admissions processing to the facility. Both officers verify funds and valuables.				Facility policy and procedures requires two officers to be present for the processing of funds and valuables. Visual observations during the site inspection supports staff compliance			
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?			\boxtimes	This facility is an SPC.			
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes						
7.	Staff forward an arriving detainee's medicine to the medical staff.							
8.	Staff search arriving detainees and their personal property for contraband.							
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.							
10.	Staff follow written procedures when returning property to detainees.	\boxtimes						
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.			\boxtimes	This facility is an SPC.			
12.	The facility attempts to notify an out-processed detainee that he/she left property in the facility.		<u> </u>					
	 By sending written notice to the detainee's last known address; via certified mail; 							
	 The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 			ı				

 \boxtimes

Staff obtain a forwarding address from each

detainee.

PART 2 - 8. FUN	DS AND PER	SONAL P	ROPER	TY
This Detention Standard ensures that detainees' perfunds, valuables, baggage and other personnel pro Standard NA: (IGSA ONLY) Check this box if only by the ICE Field Office or Sub-Office in control.	perty, and that all ICE detain	t contraba 1 ee Fund s	nd does s . Valu a	not enter a detention facility.
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	y by the ICE Fleld Office or Sub-Office in control of	i	Τ —		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14.	It is standard procedure for two officers to be present when removing/documenting the removal of funds from a detainee's possession.				
15.	Staff issue and maintain property receipts (G-589s) in numerical order.				
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				
	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.				
18.	Staff tag large valuables with both a G-589 and an I-77.				
19.	The supervisor verifies the accuracy of every G-589.				
20.	The supervisor ensures that:				
L	 Detainee funds are, without exception, deposited into the cash box; 				
J	Every property envelope is sealed.	\boxtimes			
	 All sealed property envelopes are placed in the safe. 		L .		
	Large, valuable property is kept in the secured locked area.				
	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes			
	Staff secure every container used to store property with a tamper-proof numbered strap.				
23.	number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.				
	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.				
	The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.		, ,		
26.	The facility positively identifies every detainee being released or transferred.				
'	Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.				

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PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.							
☐ Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks		
28. Every lost/damaged property report com accordance with the ICE standard on an equivalent). The Facility Administrator receinand staff place the original in the detained retaining a copy in the detained's detention	I-387 (or ves a copy e's A-file, file.						
PART 2 - 8. F	UNDS AND	PERS	SONAL PR	OPEF	RTY		
☑ Meets Standard ☐ Does	Not Meet S	tandar	d 🗆 N	/A	Repeat Finding		
Remarks: (Record significant facts, observations,	other sour	ces us	ed, etc.)				
The facility has created policy to ensure detainees' personal property is safeguarded and controlled. Policy complies with this standard in regard to accounting for detainees' funds, valuables, baggage and other personal property. The facility has developed and follows a comprehensive contraband policy in an effort to ensure it is not introduced into the facility.							
During the site inspection, visual observation of the intake and property storage areas revealed staff is knowledgeable of local policy and has been trained on, and complies with, its implementation.							
(b)(6), (b)(7)c February 10,							
Reviewer's Signature / Date							
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This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	The hold room is situated in a location within the secure perimeter.	\boxtimes			
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			
3.	The hold rooms contain sufficient seating for the number of detainees held.				
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			
5.	Hold room walls and ceilings are escape and tamper resistant.				All holding cells are escape and tamper resistant.
6.	Detainees are not held in hold rooms for more than 12 hours.				The facility standard is a 10-hour maximum time in the holding cells. Performance based worksheets provided by facility staff indicated no detainee was housed in a holding cell in excess of 12 hours during this past reporting period.
7.	Male and females detainees are segregated from each other at all times.			\boxtimes	Females are not housed at this facility.
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.				\(\text{\text{\$\cdot\}}\)
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.				All hold rooms have toilet facilities.
10.	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.				This inspector observed the intake process and found it to be compliant with this component.
11.	When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.				A review of post orders and holding cell detention logs reflected compliance with this component.
•	(MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.				Facility policy and procedures support compliance with this component. Post descriptions were reviewed and reflected specific duties and designations for staff assigned hold room evacuation responsibilities.

PART 2 - 9.	HOLD	ROOMS	IN DETENTION	ON FACILITIES

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

Components		Does Not Meet Standard	N/A	Remarks
 An appropriate emergency service is called immediately upon a determination that a medical emergency exists. 				
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 				
 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 				
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).				Two holding cells (both double occupancy) do not have floor drains. There are seven more hold cells, which hold between 11 and 14 detainees each, and these all have floor drains.
 In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard. 				
 Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms. 				Facility policy and procedures provide for alternate holding methods for special needs detainees.
 Minors (under 18) are confined apart from adults, except for immediate relatives or guardians. 				Minors are not accepted at this facility.
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 				Detention logs are maintained manually and contain the information required by this component.
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 				

PART 2 – 9. HOLD ROOM						
This Detention Standard ensures the safety, securify, and further processing. The maximum aggregate time an indiv	comfort idual m	t of detaine ay be cont	ees ter fined ir	nporarily held in Hold Rooms pending In a facility's Hold Room is 12 hours.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security. 						
The maximum occupancy for the hold room will be posted.	\boxtimes					
 Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems. 				The screening process is completed with the assistance of medical staff.		
 Staff does not permit detainees to smoke in a hold room. 	\boxtimes					
 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 						
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES Meets Standard Does Not Meet Standard N/A Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.) This inspector reviewed facility policy and procedures, reviewed holding cell detention logs, reviewed post orders and interviewed staff. areas of review supported facility compliance with this standard, with the exception of one component. The standard requires that in an PC built after 1998, holding rooms will have floor drains. However, two holding cells (both double occupancy) do not have floor drains. (b)(6), (b)(7)c / February I (eviewer's Signature / Date (b)(6), (b)(7)c						

		CONTROL

This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.				The facility employs two certified locksmiths. Their certifications were reviewed by this inspector and found to be in order.
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.				
3.	The security officer, or equivalent, provides training to all employees in key and lock control.				
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.				
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
7.)	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.				
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.				
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.				This inspector did not observe any unauthorized locks in detainee accessible areas.
	The facility does not use grand master keying systems.	\boxtimes			
	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			
12.	Padlocks and/or chains are not used on cell doors.				
13.	The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health	\boxtimes			
	 Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 				
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.				The operational keyboard has enough spaces for additional keys to be added if necessary.
15.	Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings				The inspector reviewed several key rings and found them to be in compliance with this component.

PART 2 - 10. KEY AND LOCK CONTROL							
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.							
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks		
Emergency keys are available facility.	for all areas of the	\boxtimes					
17. The facility uses a key accountal					Each staff member that requires a key ring must present a chit (tag) with his/her photo prior to issue. The photo is verified issuance of a key ring.		
18. Authorization is necessary to issu		X					
 Individual gun lockers are provid They are located in an area the officer observation. In an area that does not allow access. 	nat permits constant	\boxtimes					
 The facility has a key accou procedures to ensure key accou are physically counted daily. 	ntability policy and untability. The keys						
 21. All staff members are trained and adhering to proper procedures keys. Issued keys are returned imm an employee inadvertently care. When a key or key ring is lost accounted for, the shift super notified. Detainees are not permitted assigned to staff. 	for the handling of ediately in the event ries a key ring home. t, misplaced, or not visor is immediately						
Locks and locking devices are comaintained, and inventoried.	ontinually inspected,	\boxtimes	i		Locks and keys are inspected as part of		
23. Each facility has the position of Se a staff member appointed the security officer.		\boxtimes			the daily security inspection process.		
 The designated key control of employee who is authorized to a from a ring. 	officer is the only dd or remove a key						
25. The splitting of key rings into se authorized.					All security key rings observed by this inspector were not split.		
PART 2 – 10. KEY AND LOCK CONTROL							

□ N/A

□ Does Not Meet Standard

Meets Standard

☐Repeat Finding

This inspector reviewed facility policy and procedures, reviewed the locksmiths' credentials, reviewed training records, inspected key containment areas including the emergency keys, reviewed inventories, inspected key rings and interviewed staff. All areas of review supported facility compliance with this standard. Key and lock control is a strength at this facility. Keys are inventoried appropriately through a process which is easy for staff to follow. The chit (tag) system is well developed and implemented. The key control policy addresses all requirements of this standard.

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

/ February 10, 2011

Neviewer's Signature / Date
(b)(6), (b)(7)c

	This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.							
	Components	Meets of Standard	Does Not Meet Standard CO	V X	Remarks			
	 Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count. 	\boxtimes						
	Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes						
	 There is a system for counting each detainee, including those who are outside the housing unit. 	\boxtimes						
١	4. Formal counts in all units take place simultaneously.	\boxtimes						
-	5. Officers do not allow detainee participation in the count.							
	 A face-to-photo count follows each unsuccessful recount. 				A face-to-photo count is used in the event of an unsuccessful recount.			
	 Officers positively identify each detainee before counting him/her as present. 	\boxtimes						
	Written procedures cover informal and emergency counts.							
	 The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility. 				The facility's receiving unit maintains the out-count.			
	10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes			All staff is provided instruction on the count process as part of staff pre-service and annual in-service training.			
	PART 2 – 11. POF	ULATI	ON COUN	TS				
☑ Meets Standard Does Not Meet Standard N/A □Repeat Finding								
T C fa	Remarks: (Record significant facts, observations, other source.) This inspector reviewed facility policy and procedures, reviewed controls inspector observed the count process from the initial counting of the maintains the master count of detainees currently inside the seacility control center. The control center staff reports the in-count the econciled. The process works and is consistent with requirements of the control center staff reports the in-count the econciled. The process works and is consistent with requirements of the control center staff reports the in-count the econciled. The process works and is consistent with requirements of the control center staff reports the in-count the econciled. The process works and is consistent with requirements of the control center staff reports the in-count the econciled. The process works and is consistent with requirements of the control center staff reports the in-count the econciled. The process works and is consistent with requirements of the control center staff reports the in-count the econciled.	ant docu of the de coure per o the fac	ments, mon tainees to th rimeter. All	e final Lassier	clearing of the count. The facility control			

PART 2 – 12. POST ORI	DFR!	ς
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This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Every fixed post has a set of Post Orders.				
	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.				Random security post orders were reviewed and found to be in the six-part format, signed and dated appropriately.
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes			
6.	The facility administrator authorizes all Post Order changes.				The AFOD signed and dated all post orders in December 2010.
7.	The facility administrator has signed and dated the last page of every section.	\boxtimes			
8.	A Post Orders master file is available to all staff.	\boxtimes			
9.	Procedures keep Post Orders and logbooks secure from detainees at all times.				
10.	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	\boxtimes			
	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.				This inspector reviewed random post orders to ensure staff were signing as having read and understood them. This inspector also questioned security staff regarding duties for their assigned post. Staff demonstrated a good understanding of their post orders and responsibilities.
12,	In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	\boxtimes			The facility requires staff to read, sign and date post orders each time they assume a post.
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.				
14.	Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of	\boxtimes			
	his or her position of authority, is to be disregarded. Post Orders for armed posts provide instructions for escape attempts.				, ,

es facility s	ecurity a	and good order by ensuring that each
and respon	sibilities	of that post.
Does Not Meet Standard	N/A	Remarks
		<u>. </u>
ORDERS	l	
rd 🗌 N	/A	Repeat Finding
	ORDERS	ORDERS

This inspector reviewed facility policy and procedures, reviewed post orders, reviewed assignment rosters and interviewed staff. All areas reviewed supported facility compliance with this standard. The post orders are arranged in the required six-part format. Several post orders were viewed and found to be in compliance. This inspector reviewed random staffing sheets for different shifts and verified the staff assigned to armed posts were properly trained and had qualified with the post weapon.

(b)(6), (b)(7)c February 10, 2011 () (b)(6), (b)(7)c (b)(6), (b)(7)c

	PART 2 – 13. SEARCHES OF DETAINEES This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.							
Th an								
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
1.	There are written policy and procedures governing searches of housing areas, work areas and of detainees.	\boxtimes						
2.	Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.				Policy and procedures were reviewed and are consistent with the requirements of this standard. This inspector also monitored the intake search process and found it to be consistent with facility policy and procedures.			
3.	Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	×						
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	\boxtimes						
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes						
6.	Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.				Facility policy and procedures for strip searches are consistent with ICE protocols on this subject. Staff interviews revealed there have been no strip searches conducted during the previous 12 months.			
7.	Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.				There have been no body cavity searches this past reporting period. Facility policy and procedures are consistent with this component.			
8.	"Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures				"Dry cells" have not been utilized during the past 12 months. There are existing policy and procedures which satisfy all elements of this component.			
9.	Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.							

PART 2 – 13. SEARCHES OF DETAINEES

Meets Standard Does Not Meet Standard N/A Repeat Finding

 \boxtimes

10. Canines are not used in the presence of detainees

Canines have not been utilized at this

facility in the past 12 months.

This inspector reviewed facility policy and procedures, interviewed staff, monitored the intake process and reviewed search documents and logs. These areas of review confirmed compliance with the standard. The facility utilizes the least intrusive means of search before progressing to the next level on the personal search continuum. It is apparent the facility maintains a positive balance between maintaining good order, while also maintaining the personal dignity of individual detainees.

(b)(6), (b)(7)c February 10, 2011 \tag{Reviewer's Signature / Da} (b)(6), (b)(7)c

Г	PART 2- 14. SEXUAL ABUSE AND ASS	T IIIAS	DDEVEN1	CION A	AND INTERVENTION
	This Detention Standard requires that facilities that house IC assaults on detainees, provide prompt and effective interve control, discipline, and prosecute the perpetrators of sexual	CE/DRO	O detainee	s affirr	natively act to prevent sexual abuse and
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
,	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.				Local policy and procedures outline the Sexual Abuse and Assault Prevention Program.
	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			A review of local policy and procedures revealed the policy has been approved by the FOD.
3	 Tracking statistics and reports are readily available for review by the inspectors. 	×			There were no sexual abuse and assault incidents noted during this past 12 months.
4	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			Interviews with staff indicated they are trained on sexual abuse prevention and intervention during orientation and annual training. A tracking system is in place to ensure staff receives annual training.
5	orientation and the detainee handbook (or equivalent).				The handbook informs new detainees of the sexual abuse and assault prevention program.
6	housing unit bulletin boards.	\boxtimes			I observed the Sexual Assault Awareness Notice posted in all housing units.
7	available for detainees. (Required in SPCs and CDFs.)				I observed that a Sexual Assault Awareness Information brochure is provided to all detainees during the intake screening process.
8	sexual assaultive and sexual victimization potential and housed and counseled accordingly.				All detainees are screened for high risk sexual assaultive and victimization potential as noted on the intake screening form. These detainees are housed and counseled accordingly. There was one transgender detainee housed in the medical unit at the time of this inspection.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.				There was no detainee-on-detainee sexual abuse or assault during the past

 \boxtimes

10. All incidents or allegations of sexual abuse or assault

past year.

by staff on a detainee have been documented in the

sexual abuse or assault during the past

There were no incidents or allegations of

staff-on-detainee sexual abuse or assault

in the past reporting period.

PART 2- 14. SEXUAL ABUSE AND ASS This Detention Standard requires that facilities that house in	SAULT CE/DRO	PREVENT	ION A	ND INTERVENTION		
assaults on detainees, provide prompt and effective intervei	ntion an	ıd treatmer	nt for v	ictims of sexual abuse and assault, and		
control, discipline, and prosecute the perpetrators of sexual	Meets Standard	Does Not Meet Standard	uit.	Remarks		
11. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.				Local policy and procedures dictate prompt and effective intervention when a detainee is sexually abused or assaulted. Procedures require such incidents to be reported via the chain of command.		
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.				A review of local policy and procedures require a thorough investigation to include gathering of evidence and referrals to appropriate law enforcement agencies.		
When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			A review of local policy and procedures require notifications to be promptly made whenever there is an alleged or proven sexual assault.		
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes			Local policy indicates sexual abuse or assault victims will be referred to specialized community resources for treatment and gathering of evidence.		
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	\boxtimes			There were no incidents of sexual abuse or assault in the past reporting period. A designated medical staff member is assigned to log and track such incidents.		
SEXUAL ABUSE AND ASSAULT I	PREVE	NTION AN	D INT	ERVENTION		
☑ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐Repeat Finding						
Remarks: (Record significant facts, observations, other sour This inspector interviewed staff and reviewed: facility policy and prorevention; and medical files. All areas of review supported facility buse or assault in the past reporting period. A transgender detained (b)(6), (b)(7)c February Reviewer's Signature / Date (b)(6), (b)(7)c	ocedure complia	s; handouts	is stanc	lard. There were no incidents of sexual		

D.	ADT '	9 4E	CDECIAL	MANAGEMENT UNITS
-	- N	Z — 13.	OFELIAL	MIMINAUTEMENT UNITS

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

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Written policy and procedures are in place for special management units.				
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.				There were two detainees in administrative segregation at the time of this inspection. A review of documentation reflects compliance with this component.
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.				
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.				SMU tracking forms and logs reflect compliance with this component. Health care personnel are immediately informed when a detainee is admitted to the SMU and follow-up in a manner consistent with this component.
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.				
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			The SMU log was reviewed by this inspector and found to be maintained in a manner consistent with this component.
9.	A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.				A permanent log is maintained in the SMU on which activity within the unit is recorded. The log and related SMU forms are compliant with this component.

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				A sign in/out log is maintained in the SMU and contains information which is consistent with this component.
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 				A review of a random selection of I-888 Forms utilized in the SMU found the facility in compliance with this component.
 Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file. There are written policy and procedures concerning 				
the property detainees may retain in each type of segregation.				
14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)				Facility policy is clear in regard to what privileges detainees may have in either disciplinary or administrative segregation.

	MANAGEMENT	

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15.	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).				
	Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).				
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.				
18.	The facility administrator (or designee) visits each SMU daily.				The AFOD or a designated supervisor visits the SMU daily, which was confirmed through documented SMU logs.
	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).				SMU logs reflected health care staff visits and tours the SMU at least daily.
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.				
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.				
	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.				
	Detainees in an SMU may write and receive letters the same as the general population.				

PART 2 -	15.	SPECIAL	MANAGEMENT	UNITS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
L	Detainees in an SMU ordinarily retain visiting privileges.	×			
	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.				There have been no reported visitation restrictions during this past reporting period. Policy and procedures guide this process.
	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	\boxtimes			
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.				
28.	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.				
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.				All facility visits are non-contact unless otherwise approved by a supervisor.
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			
31.	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes			
	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	\boxtimes			
33.	Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.				

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
34.	Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.				
35.	Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.				The facility maintains a computer programmed with LexisNexis in the SMU. Detainees are allowed access to the computer (with attached printer) in a manner consistent with this component.
36.	Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.				
37.	Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied.	×			There have been no reported denials or restrictions in regard to law library use during the past 12 months.
38.	Recreation for detainees in the SMU is separate from the general population.	\boxtimes			
39.	The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)				
40.	Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	☒			

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	\boxtimes			According to staff and a review of several documents, there have been no denials of recreation privileges during this past reporting period.
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.				
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.				
	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.				

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

	regated for disciplinary reasons.			1	<u> </u>
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer				This inspector reviewed random Segregation Orders. The orders were completed properly, dated, and a copy had been given to the detainee upon their signing for it.
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.				

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
47	. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.				
	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes			
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.				The facility has not housed a detainee in Administrative Segregation for more than 30 days. Facility policy and procedures guide the review process which is consistent with this component.
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.				
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.				The facility has not housed a detainee in Administrative Segregation for more than 30 days. Facility policy and procedures guide the review process and it is consistent with this component.
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.				
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.				

PART 2 - 1	15.	SPECIAL	MANAGEME	NT UNITS
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This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

	Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
by the character to the design of the facility of the facility of the facility on the facility of the facility on the facility of the facility	ation, a written order is completed and sign nair of the IDP (or equivalent). A copy is gi stainee within 24 hours (unless delivery wo ze safety, security, or the orderly operation	ned iven buld n of the ent), and the ase or				
the regularization cases. A supervioletainee and doc Segrega At each written consists for be compound the revier of the revier of the compound the case of th	ewer may recommend the detainee's eaupon finding that Disciplinary Segregation er necessary to regulate the detaine. Early release and return to the gene on requires approval of the facinator. w documents are placed in the detaine in file.	ach ays ary n a the uld arly n is e's aral ility e's				
	PART 2 – 15. SPE	CIA	_ MANA	GEMENT	UNIT	s
ľ	⊠ Meets Standard □ Does Not Me	et S	tandar	d 🗌 N	/A	Repeat Finding

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

This inspector reviewed facility policy and procedures, reviewed SMU logs and documentation, inspected the SMU, interviewed staff and interviewed SMU detainees. All areas of review supported facility compliance with this standard. The facility has seven segregation cells, each with two bunks. At the time of inspection, there were two ICE detainees in the SMU being housed for administrative reasons. All documentation required for their placement was on hand and provided appropriate justification for housing the detainees in the unit. Health care documentation was complete and timely. Past files were reviewed and found to be completed in a manner consistent with this standard as well. Daily segregation checklists for current and past detainees housed in the SMU were reviewed and found to be up-to-date and correct. All required signatures were found on the forms for health care and supervisor reviews.

(b)(6), (b)(7)c February 10, 2011 (b)(6), (b)(7)c (b)(6), (b)(7)c

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This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.

					······································
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.				Housing unit log entries reflected appropriate activity with regard to visits by ICE and the Detention and Removal Office (DRO).
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.				
4.	Visiting ICE staff observe and note current climate and conditions of confinement.				Reports submitted by respective staff confirm all elements of this component are met.
5.	use by ICE/DRO detainees.	\boxtimes			
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.				
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.				
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			Housing officers (contractual security) were interviewed and indicate non-ICE staff is not allowed access to the ICE request box. ICE staff routinely empty the box and process the request slips.
9.	facility within 72 hours and document the response in a log.				This inspector reviewed multiple request slips submitted to ICE and an automated log on which all pertinent time elements and information related to the requests is recorded, including responses. The 72-hour time frame is consistently satisfied either on, or ahead of, schedule.
10.	ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			
	OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.				
	Daily telephone serviceability checks are documented in the housing unit logbook.	\boxtimes			Security staff checks the detainee phones. ICE staff checks access to special access numbers. Records reflect routine checks are being conducted.

P/	RT 2 – 16. STAFF-DETAINEE C	OMMUNICAT	TION	
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding	

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

This inspector reviewed facility policy and procedures, interviewed staff, interviewed detainees, reviewed manual logs and an automated log, reviewed postings, checked living units for secure ICE request boxes, checked living units for availability of ICE request forms and reviewed detention files. These areas of review confirmed compliance with the standard. It is apparent when inspecting the living units and talking to detainees that ICE staff effectively communicate with detainees and have an effective system of following-up on detainees' concerns. An automated logging and tracking system has been developed which effectively tracks ICE request slips submitted by detainees. The system is effective and it is apparent detainees' concerns are addressed in a prompt and professional manner.

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

February

Reviewer's Signature / Da

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

PART 2-17.	TOOL	CONTROL	
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This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

					I''
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The COS has been designated as the individual responsible for developing tool control procedures and a tool accountability process.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.				A warehouse is located outside the secure perimeter and receives all tool deliveries.
ფ.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			All tools inside the secure perimeter are secured, shadow boarded and inventoried each shift. Medical and culinary equipment was inspected and is also well controlled. Key control practices at the facility are effective and reflect good compliance with this component.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.				The facility uses a chit with a picture ID and a sign in/out sheet for all tools used inside the secure perimeter of the facility.
5.	Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory	\boxtimes			
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.				Three tool bags were inspected and the tools in the bags were verified against the listed inventories; all were accurate.
7.	 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. 				

PART	2-17.	TOOL	CONT	TROL

This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8.	The facility has a tool classification system. Tools are classified according to:			;	
	Restricted (dangerous/hazardous)				
	Non Restricted (non-hazardous).				
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.				
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes			
11.	The facility has an approved tool storage system.				
	 The system ensures that all stored tools are accountable. 				
	 Tools are stored on shadow boards in which the shadows resemble the tool. 				
	 Shadow boards have a white background. 	\boxtimes			
	 Restricted tools are shadowed in red. 				
	 Non-restricted tools are shadowed in black. 				
	 Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				
12.	Tools removed from service have their shadows removed from shadow boards.				
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes			
14.	Sterile packs are stored under lock and key.	\square			
15.	Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			
16.	There are policies and procedures to address the issue of lost tools. The policy and procedures include:				
	Verbal and written notification.	\boxtimes			
	Procedures for detainee access.			ᆸ	
	 Necessary documentation/review for all incidents of lost tools. 				
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				

PART 2-17. T	OOL C	ONTROL				
This Detention Standard protects detainees, staff, contract facility operations by maintaining control of tools, culinary a supplies.	ors, and itensils,	d volunteer and medi	rs from cal and	harm and contributes to orderly didental instruments, equipment, and		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.				This inspector reviewed contractors' tool inventories at the sally port and found them to be accurate.		
 Hoses longer than three feet in length are classified as a restricted tool. 	\boxtimes					
 Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used. 	\boxtimes					
PART 2-17. T	OOL C	ONTROL				
	Standaı	d N	/ A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) This inspector reviewed facility policy and procedures relative to tool control, reviewed tool inventories, checked shadow boards and designations for hazardous and non hazardous tools, interviewed staff and conducted spot inventories of tools. All areas of review supported facility compliance with this standard. Tool control is taken seriously at the facility and this is reflected in policy, procedures and						
supported facility compliance with this standard. Tool control is tall practices. (b)(6), (b)(7)c February I Reviewer's Signature / Date (b)(6), (b)(7)c	cen serio	ously at the f	racility	and this is reflected in policy, procedures and		

PART 2	18.	USF	OF I	FORCE	AND	RESTRAINTS
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This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.				The facility has a comprehensive Use of Force (UOF) Policy.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.				
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	×			
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.				
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. • Under staff supervision.	× i			The UOF team technique is taught to all security staff during pre-service training. Special Response Team (SRT) members are trained in the UOF team technique quarterly.
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			
8.	All use-of-force incidents are documented and reviewed.				Four UOF situations were reviewed by this inspector. The review of documentation reflected facility compliance with this component.
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.				·

PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

Components		Does Not Meet Standard	N/A	Remarks
10. Staff:				
 Does not use force as punishment. 				
 Attempts to gain the detainee's voluntary cooperation before resorting to force 		<u></u>		
 Uses only as much force as necessary to control the detainee. 				
 Uses restraints only when other non- confrontational means, including verbal persuasion, have failed or are impractical. 	i			
 Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary. 				
 (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s). 				Written procedures indicate universal precautions are to be used during UOF events.
Standard procedures associated with using four/five point restraints include: Seft (pulpy/legther) restraints				
 Soft (nylon/leather) restraints. Dressing the detainee appropriately for the 				
temperature.				No incidents of (b)(7)e
A bed, mattress, and blanket/sheet. Chapting the detailed at the set of				(b)(7)e occurred at this facility in the
Checking the detainee at least every 15 minutes. Lagging each sheet.				past reporting period. Facility policy and procedures were reviewed and are
Logging each check. Pagailtanian dataine after annual to ann				consistent with all elements of this
 Repositioning detainee often enough to prevent soreness or stiffness. 				component.
 Medical evaluation of the restrained detainee twice per eight hour shift. 			i	
 When qualified medical staff are not immediately available, staff position the detainee "face-up." 	:			
14. The shift supervisor monitors the detainee's				
position/condition every two hours.				
He/she allows the detainee to use the restroom at these times under safeguards.				
15. All detainee checks are logged.				
 In immediate-use-of-force situations, officers contact medical staff once the detainee is under control. 	\boxtimes			Medical staff is notified as soon as an immediate UOF situation is under control.

PART 2 - 1	8. USE	OF FORCE	AND	RESTRAINTS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
When the Facility Administrator authorizes use of non-lethal weapons:								
 Medical staff are consulted before staff use pepper spray/non-lethal weapons. 				į				
 Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 								
 Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access. 	×							
 If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. 	\boxtimes							
Special precautions are taken when restraining pregnant detainees.				Females are not housed at this facility.				
Medical personnel are consulted Protective gear is worn when restraining detainees								
with open cuts or wounds.								
 Staff document every use of force, including what type of restraints was used during the incident. 								
 It is standard practice to review any use of force and the non-routine application of restraints. 	\boxtimes			All UOF incidents and non-routine application of restraints are reviewed as required by this standard.				
 All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. 	\boxtimes							
 Specialized training is given to officers ensuring they are certified in all devices approved for use. 								
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.				Training records reviewed by this inspector indicated all staff is trained in the use of chemical agents as required by this component.				
 The use of canines is restricted to contraband detection purposes only. 				Canines are not used at this facility.				
 The officers are thoroughly trained in the use of soft and hard restraints. 								
 In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used. 	\boxtimes							
PART 2 – 18. USE OF F	ORCE	AND RES	TRAIN	TS				
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding								

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

The facility has a UOF Policy that clearly delineates each component and meets the requirements of this standard. Copies of incident reports and UOF reviews were checked by this inspector and found to be in compliance with this standard. Staff interviewed indicated they understood all UOF procedures.

(b)(7)e are not utilized at this facility.

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

February 10, 2011

Reviewer's Signature / Date

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

Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

	DISCIPLINARY	

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1,	The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
3.	Written rules prohibit staff from imposing or permitting the following sanctions:			·	
	• corporal punishment				
	 deviations from normal food service 				
	clothing deprivation				
	bedding deprivation				
	 denial of personal hygiene items 				
	 loss of correspondence privileges 				
	 deprivation of legal access and legal materials 				
	 deprivation of physical exercise 				
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:				
	Rights and Responsibilities				
	Prohibited Acts		<u></u>		
	Disciplinary Severity Scale	ĺ			
	• Sanctions				
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				
	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes			
	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.				
	An intermediate disciplinary process is used to adjudicate minor infractions.				

PART 3	- 19.	DISCIPL	INARY	SYSTE	М

This Detention Standard promotes a set-	
This Determion Standard promotes a safe	and orderly living environment for detainees by expecting detainees to comply with
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tacinty fules and regulations and imposing	disciplinary sanctions to control the behavior of those who do not

Components	Meets Standard	Does Not Meet Standard	A/N	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 	\boxtimes		П	This inspector checked random disciplinary files and found that the			
 Hears pleadings by detainee and staff representative 				disciplinary panel complies with the requirements of this component.			
 Bases its findings on the preponderance of evidence 							
 Imposes only authorized sanctions 							
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes						
 The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented. 							
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	\boxtimes			Facility policy, procedures, and practice are consistent with this component.			
 Written procedures govern the handling of confidential- source information. Procedures include criteria for recognizing "substantial evidence". 	\boxtimes						
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.							
PART 3 – 19. DISC	PART 3 – 19. DISCIPLINARY SYSTEM						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

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

This inspector reviewed facility policy and procedures relative to the disciplinary system, reviewed the detainee handbook, reviewed disciplinary documentation and files, observed required postings and interviewed staff and detainees. All areas reviewed supported facility compliance with this standard. Interviews with detainees indicated they understood the disciplinary policy and had no questions regarding the rules and regulations of the facility

	: / February 10, 2011
Reviewer's Sign	ature / Date

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

Performance-Based National Detention Standards

Section IV CARE

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

PART 4 - 20, FO	OD SE	RVICE
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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The facility has an acting food service administrator (FSA) who is only at the facility on a part-time basis. There are two Assistant FSAs on-site daily. They are professionally trained and ServSafe certified.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			The facility has three cook supervisors and three assistant cook supervisors to ensure adequate staffing levels are maintained.
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard				The food service provider offers employees 40-hours of facility specific training prior to assignment to a position.
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control				Knives are maintained in a triple locked secure knife room.
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils				The facility secures the knives to workstations.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.				Sugar is the only item which poses a security threat. It is locked, inventoried and stored in a separate storage area from other products.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.				
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.				The facility's food service staff checks and documents detainee health and cleanliness prior to working.
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				

PART	4	20.	FOOD SERVICE

С	omponents	Meets Standard	Does Not Meet Standard	N/A	Remarks
	an or equivalent instructs newly workers in the rules and procedures department.				
Supervisor (CS) ex	and training session(s), the Cook olains and demonstrates:	:			
•	tices and methods. s of individual products/ pieces of				
	s the safe handling of hazardous detainee are likely to encounter in				
detainee detention					
with the "Voluntary \ workers at IGSAs a	and CDFs are paid in accordance Work Program" standard. Detainee re subject to local and State rules arding detainee pay.				
No more than 14 h	ed at least two hot meals every day. Ours elapse between the last meal meal of the following day.				The facility serves three hot meals each day to the detainee population and no more than 14 hours elapses between that last meal one day and the first meal of the next day.
	operations, a transparent "sneeze the serving line and salad bar line.				The facility utilizes a satellite feeding program.
use a 35 day or sim	indard 35-day menu cycle. IGSAs ilar system for rotating meals.				The contract food service provider utilizes a 35-day menu cycle.
complete nutrition Recommended Da annually, of every m FSA. The dietitian n incorporated into necessary, the FSA the nutritional analys The menu will need the registered dietici	<u></u>				The Registered Dietitian conducts a nutritional analysis, which meets U.S. RDA, of all menus. The menus are modified if necessary and then certified. Personal reviews of the master and production menus support all elements of this component.
items on the maste	lished procedures to ensure that er-cycle menu are prepared and g to approved recipes.				,
items if necessary.If yes, document	has the authority to change menu ting each substitution, along with vith copy to the FSA	\boxtimes			

PART 4 -	20.	FOOD	SERVICE

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
All staff and volunteers know and adhere to written "food preparation" procedures.				
 22. A Common Fare menu avaitable to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provide hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 				Facility policy establishes procedures for a common fare menu program and a separate area is maintained in the food service department for preparation of these menus. Additionally, staff has dedicated plates and utensils to use in the preparation and service of the common fare items.
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes			
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	\boxtimes			The facility chaplain and AFOD must approve a detainee's removal from the common fare menu program.
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	×			
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. 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. 				
27. The food service program addresses medical diets.				· · · · · · · · · · · · · · · · · · ·
28. Satellite-feeding programs follow guidelines for proper sanitation.				

PART 4	4 – 20.	FOOD	SER\	/ICE

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
	Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			An inspection of the food items and temperature logs revealed temperatures are being maintained at safe levels.
	All meals provided in nutritionally adequate portions.				
	Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
32.	 The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 				
33.	Everyone working in the food service department complies with food safety and sanitation requirements.				
	(MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.				Facility policy and procedures require weekly inspections of all food service areas by administrative, medical, and food service staff. The inspections are documented and maintained within the department.
	Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes			
	(MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	\boxtimes			Facility procedures require temperatures of dishwashing machines to be recorded three times each day.
	(MANDATORY) Staff document the results of every refrigerator/freezer temperature check, in accordance with the Detention Standard on Food Service.				Freezer/refrigerator temperature checks are documented three times daily pursuant to policy and procedures.
	The cleaning schedule for each food service area is conspicuously posted.	\boxtimes			-
;	Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.				· · · · · · · · · · · · · · · · · · ·
40.	Storage areas are locked when not in use.				
41.	Food service personnel conduct shakedowns along with detention staff.				
 	n SPCs only: The ICE supervisor on duty ensures that CE officers participate in dining room supervision.				The facility uses a satellite feeding program. Detainee meals are served in the housing area.
743. I	Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.				

	PART 4 – 20.	FOOD	SERVICE				
This i	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
e q	n SPCs only: the FSA prepares quarterly cost stimates for the Common Fare Program. This uarterly estimate is factored into the quarterly budget.						
45. V s	When required, only food service staff prepare the ack lunches for detainee transportation.						
d p	ir curtains or comparable devices are used on outside oors where food is prepared, stored, or served to rotect against insects and other rodents.	\boxtimes					
47. S	taff comply with the ICE requirements for "food eceipt and storage.						
	tock inventory levels are monitored and adjusted to orrect overage and shortage problems.	\boxtimes					
	taff comply with all ICE Housekeeping, toreroom/Refrigerator requirements. Identify and explain any shortcomings.						
p m	ining room facilities and operating procedures will rovide sufficient space and time for detainees to eat neals in a relatively relaxed, unregimented tmosphere.				The facility utilizes a satellite feeding program.		
co se he	MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food ervice facilities and equipment meet governmental ealth and safety codes. Ctive action is taken on deficiencies, if any.	\boxtimes			The facility's food service department is inspected annually by the Department of Homeland Security (DHS), Customs and Border Security Area, Health and Safety Manager.		
52. P	ersonnel inspecting the food service department shall ote needed corrective action(s), if any, in a written eport to the Facility Administrator.						
sa ut M m	nly those toxic and caustic materials required for anitary maintenance of the facility, equipment, and ensils shall be used in the food service department aterial Safety Data Sheets (MSDSs) will be aintained on all flammable, toxic, and caustic ubstances used.						
CC	MANDATORY) The FSA is responsible for pest ontrol in the food service department, including ontracting the services of an outside exterminator.	\boxtimes			The facility has a professional pest control individual on staff who inspects and treats the food service area several times each month.		

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FOOD SERVICE

☐ Does Not Meet Standard

Meets Standard

□ N/A

☐Repeat Finding

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

The facility food service department provides nutritionally-balanced meals that are prepared and presented in a clean, safe, and sanitary environment. Site review of the facility revealed the food service department is operated by a contract provider and two ICE COTR staff members are assigned to the department.

Staff interviews, policy review, and visual observation of the area reflected a department knowledgeable of their duties as stipulated within this standard. The contract provider has an acting FSA on-site, an assistant project manager, and a project manager to provide daily support to the department. Additionally, the ICE/COTR's office is in the department and they offer direct supervision of the contract.

Documentation by contract staff was complete and food safety was a priority.

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

	PART 4 – 21. HUNGER STRIKES							
Th tre	This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.							
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
1.	When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.				An interview with staff reveals when a detainee refuses food or is observed to have not eaten for 72 hours, medical staff is notified. This is pursuant to policy and procedures.			
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.				Interviews with medical staff revealed a hunger strike incident is immediately reported to ICE/DRO via the chain of command. Facility policy and procedures provide that medical staff shall notify ICE.			
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Facility policy and procedures provide guidance for immediate response to a hunger strike.			
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Policy and procedures require staff to isolate a detainee on hunger strike from other detainees. Furthermore, an interview with staff revealed detainees on hunger strike are indeed isolated from other detainees and placed in the infirmary, where they are monitored.			
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			An interview with medical staff revealed they are authorized to place a hunger-striking detainee in the infirmary, which is pursuant to policy.			
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.				A review of medical records showed that medical staff records weight and vital signs of a detainee on hunger strike at least once every 24 hours. The requirements of this component are also reflected in facility policy and procedures regarding hunger strikes.			
7.	The facility medical authority obtains a hunger strikers				An interview with the nurse reflects a			

 \boxtimes

consent before medical treatment.

consent form (IHSC Form 793) is

initiated.

obtained from a detainee on hunger strike before medical treatment is

PART	4 _ 21	HINGER STRIKES

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.				A signed refusal of treatment form (IHSC Form 820) is obtained from any detainee who rejects medical evaluation or treatment. If the detainee refuses to sign, two staff are required to sign as witnesses indicating the detainee's refusal to sign. A review of medical records revealed refusal forms were generated in this manner when detainees refused treatment.
 Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbalty offered meal and document those meal offers. 				An interview with the nurse indicated staff continues to deliver and verbally offer three meals each day to a detainee on hunger strike regardless of the detainee's response. A chart review showed documentation confirming meals had been offered.
Staff maintain the hunger strikers supply of drinking water/other beverages.				An interview with the nurse and assistant health services administrator (AHSA) indicated an adequate supply of drinking water or other beverages are offered to maintain hydration. This provision is also required by policy and procedures. A detention officer is assigned to observe the hunger striker and document any water consumption.
11. During a hunger strike, staff remove all food items from the hunger strikers living area.				An interview with staff indicates all food items not authorized by the clinical director are removed from the designated cell of a detainee on hunger strike.
Staff are directed to record the hunger strikers fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			As required by policy, a review of the medical chart indicated food consumption and fluid intake and output are documented utilizing the Hunger Strike Monitoring Form and the Input/output Flow sheet. An interview with the nurse and AHSA indicated a security officer is assigned to directly observe the hunger striker and document any water consumed by the detainee.
The medical staff have written procedures for treating hunger strikers.	⊠			Facility policy and procedures outline the manner for treating detainees on hunger strikes, to include mental health follow-up as deemed necessary.

PART 4 – 21. In this Detention Standard protects detainees' health and we treating any detainee who is on a hunger strike.				counseling and, when appropriate,		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.				A review of medical records indicated treatment attempts, including efforts to explain the medical risks, are documented.		
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				A review of training documentation revealed all staff receive orientation and annual training on recognizing signs of a hunger striker and procedures for referral for medical assessment. An interview with the nurse indicates medical staff are to receive annual training in hunger strike evaluation and treatment. A review of the training documentation presented by the on-duty nurse confirmed compliance.		
PART 4 – 21. HUNGER STRIKES						

This inspector reviewed facility policy and procedures, reviewed medical files, reviewed training records, inspected the medical unit, reviewed hunger strike records and interviewed medical staff. All areas review reflected adherence to this standard. A review of the medical records and staff interviews indicated appropriate reporting, monitoring, and treatment, to include counseling. A security officer is assigned to observe the hunger striker, one-on-one, and to monitor and document fluid consumption by the hunger striker. There were no detainees on hunger strike during this inspection.

(b)(6), (b)(7)c February 1	
Reviewer's Signature / Date	
	(b)(6), (b)(7)c

PART 4 - 22. MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.				The facility has ACA, NCCHC and JCAHO accreditation; the latter was just recently completed on 02-04-11. The facility has a current Clinical Laboratory Improvement Act (CLIA) Certificate of Waiver posted in the laboratory area, with expiration of 01-08-12. The Drug Enforcement Administration (DEA) license is current and posted in the pharmacy. Health care staff licenses and certifications are current and on file.
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			The medical and mental health screening procedures were observed being performed during the in-processing of arriving detainees.
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.				The AHSA stated the staffing plan is reviewed annually and includes the essential positions needed to perform the mission and required services of the medical department. Sixty-one of the 82 authorized positions are filled. There are five Public Health Service (PHS) and 56 contract positions filled. The contract positions are provided by STG International, Inc. and Staffing Dynamics. Inc. The current staff includes: (b)(7)ePHS physician (who is the clinical director) (b)(7)eontract psychiatris (b)(7)enurse practitioners (NPs(b)(7)ephysician's assistant (PA); (b)(7)epharmacis(b)(7)emedical technologisth)(7)eegistered nurses (RNs)(b)(7)dicensed vocational nurses (LSWs (b)(7)e lental assistants; and (b)(7)epharmacy technicians.

PART	4 –	22.	MEDICAL	CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				I observed during in-processing that detainees are verbally informed (in a language they can understand) on how to access health services. Detainees are provided a handbook and a medical orientation and health information handbook, which also contains information on how to access health services; these are available in different languages. The AHSA indicated translation services are available and provided by Language Line if needed, to ensure detainees understand the information provided.
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				Medical staff is scheduled to be on duty 24 hours a day, seven days a week. They are certified in cardiopulmonary resuscitation (CPR) and in the use of the automated external defibrillator (AED). Medical, mental health and dental providers are on call for emergencies when not on-site. All detention staff is CPR-certified and received training in first aid. Emergency Medical Services (EMS) is provided by Los Fresnos and Port Isabel, Texas when needed.
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.				A tracking system is in place to ensure that direct care staff receives tuberculosis (TB) testing prior to their job assignment and annually thereafter. TB testing and Hepatitis B Vaccine series are provided through their own provider who maintains documentation.
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.				A review of personnel files, maintained by an assigned nurse, revealed documentation of current licenses and certifications with complete credentialing. Duties assigned to medical personnel are according to their respective job descriptions.
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	\boxtimes			It was observed that each detainee is provided with a handbook, as well as a medical orientation and health information handbook that contains information on access to health services. These handbooks are available in different languages.

PART 4_	22	MEDICAL C	ADE

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	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.				A review of the personnel files of medical staff showed a complete credentialing file. This facility maintains accreditation from ACA, NCCHC and JCAHO.
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 				A review of medical records show newly-admitted detainees receive medical, metal health, and dental screening by a health care provider within 12 hours of arrival. In this facility, only health care providers perform this screening.
11.	(MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.				The AHSA indicated translation services are available through Language Line when assistance is needed. Spanish-speaking medical staff members are also available when needed.
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				The facility has six exam rooms and four triage cubicles that afford privacy to detainees. The exam rooms and treatment rooms are well equipped.
	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The medical department has restricted access and is located within the secure perimeter of the facility.
14.	The medical facility entrance includes a holding/waiting room.				The medical facility entrance includes a waiting room.
	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The medical facility waiting room is under the direct supervision of a security officer.
	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.				Detainees have access to a toilet and drinking fountain while in the waiting room.
17.	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. Procedurally, no copies made and placed in detainee files.	\boxtimes			The medical department utilizes electronic medical records; these can only be accessed by authorized staff. Printed medical documents are filed and stored apart from other files and secured in a locked room within the medical department. This area is only accessible to authorized medical staff.
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A signed and dated medical consent form, IHSC Form 793, is obtained from a detainee before medical treatment is administered.

PART	4 1	22	MEDICAL CARE

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			A signed and dated authorization for release of confidential health information, IHSC Form 003, is obtained before medical records are released to outside sources.
	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			An interview with the on-duty nurse confirmed health care staff is given sufficient advance notice prior to the release, transfer or removal of a detainee.
	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				Discussion with the on-duty nurse confirmed all detainees are transferred with a copy of their medical transfer summary.
	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			An interview with the on-duty nurse indicated medical records are transported in a sealed envelope with the detainee's name, A-number, and marked "Medical Confidential." Facility policy and procedures require this practice.
	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			It was observed that this facility performs a chest X-ray on all detainees during in-processing, rather than a TB test. The results are received electronically in approximately four hours.
24.	 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			According to the nurse interviewed, mental health screening is performed upon arrival and is conducted by a health care provider, pursuant to facility policy and procedures.
25.	794s (or equivalent) to identify detainees needing medical attention.				An interview with the nurse indicated the facility health care provider promptly reviews all I-794s and identifies detainees needing medical attention for continuation of care. This is also reflected in facility policy and procedures.
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.				A review of medical records indicated facility medical staff conducts a health care appraisal and physical examination on each detainee within 14 days of arrival. Facility policy and procedures reflect this requirement.

PART	4	22.	MED	ICAL	CARE

and notified data for the first their reads are met in a timely and emicient marrier.						
	Components	Meets Standard	Does Not Meet Standard	N/A	. Remarks	
	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Detainees in the special management unit (SMU) have access to the same level of care provided to detainees in general population. Detainees in the SMU may submit a sick call slip directly to medical staff during their daily rounds. A review of the SMU logs indicated medical staff conducts daily rounds and sick call in the SMU. Facility policy and procedures outline the health evaluation of SMU detainees.	
28.	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 				Sick call request slips, available in English and Spanish, are available in the housing units upon request. Completed forms are deposited in a drop box in the housing unit and collected by medical staff on a daily basis.	
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.				This facility has medical staff on duty constantly. A written plan for 24-hour emergency health care is addressed in facility policy and procedures.	
30.	The plan includes an on-call provider.				A physician and a mental health provider, NP or PA are placed on an on- call schedule when not on- site.	
	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			A list of telephone numbers for local ambulance and hospital services is available electronically and accessible to staff on duty.	
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			The facility's Emergency Plan is consistent with security and safety concerns,	
33.	will be trained, at least annualty, to respond to health- related situations within four minutes and to properly use first aid kits, available in designated areas.	\boxtimes			A review of the training log indicated health care staff are trained annually: to respond to medical emergencies within 4 minutes; in CPR; and in the use of the AED, to include use of first aid kits available in designated areas. Security staff is instructed annually in first aid and CPR, as verified by the training officer and the documented training log.	
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	This facility only utilizes health care providers to distribute medication.	

PART	4 -	22.	MEDICAL	_ CARE

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				Pharmaceuticals are stored in a secured room with restricted access, with perpetual inventories maintained on controlled medications. Medications for administration and distribution by medical staff are secured in cabinets in a locked room in the medical department.
36.	 procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				This facility has written procedures for the management of pharmaceuticals, which are outlined in facility policy/procedures and IHSC Policy, Pharmacy Section, Chapter 11. The IHSC National Drug Formulary is available in the pharmacy. When a physician requests medication not on the formulary, an IHSC Form 067 is generated by the pharmacist to obtain the medicine. Procedures address perpetual inventory of all controlled substances, needles and syringes. Controlled substances are stored in a double locked cabinet in the secured pharmacy room and needles and syringes are stored in a locked cabinet in a secured storeroom.
37.	 All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				An inspection of the secured pharmacy room revealed compliance with this component, to include all bulleted items.

PART	4 -	22.	MEDICAL	CARE

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
38.	 Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				In this facility, the pharmacy has no locking pass-through window since medications are administered and distributed in the housing units. Medications that require use of syringes are the only medications administered in the medical department. A licensed pharmacist manages the pharmacy operations and supervises trained pharmacy technicians on staff. The pharmacist is responsible for accountability of the administration and distribution of medications in a timely manner, as prescribed by the physician.			
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	\boxtimes			Interviews with the nurse and pharmacist indicated a medication administration record (MAR) is maintained on each detainee receiving pill line medication. A review of the electronic medical records indicated the medications prescribed to the detainee. IHSC Pharmacy policy, Chapter 11 (as well as facility policy) outlines procedures for medication distribution.			
40.	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 				This facility has medical staff on duty 24 hours a day, seven days a week, and all medications are distributed by medical staff.			
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.				All medications are distributed by medical staff.			
42.	The Warden/Facility receives notification that a detainee that has special medical needs.				Notification regarding special medical needs is performed electronically and by utilization of the detainee special needs form.			

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			IHSC policy on medical requests by outside independent providers outlines procedures for this requirement.
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The facility has established written plans to address the management of infectious and communicable diseases, to include reporting and surveillance. The IHSC Infection Control Manual is followed for the management of infectious and communicable diseases. NCCHC Clinical Practice guidelines are utilized for the management of HIV. Facility policy and procedures outline the infection control surveillance plan and the communicable disease reporting procedures. Procedures for media relations are outlined in IHSC Policy and Procedure.
	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.				According to an interview conducted with the on-duty nurse, detainees diagnosed with a communicable disease are isolated. The IHSC manual on infection control is used to determine if isolation is indicated.
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.				This facility performs a chest X-ray as the primary TB screening method on all detainees processed into the facility.
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.				An interview with the nurse indicated detainees who are potentially infectious are placed in the negative pressure room until fully evaluated. Facility policy and procedures provide guidance accordingly.

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			Facility transportation policy establishes the procedures for timely access to health care services which are only available from outside clinics. Trips are prioritized according to need and urgency, as confirmed through interview with the nurse.	
49.	Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.				This facility follows the chronic care guidelines for diseases established by NCCHC. Detainees are treated according to the plan approved by the clinical director, to include directions to other involved medical staff.	
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.				This facility houses only male detainees.	
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority				An interview with the nurse and a review of facility policy and procedures indicated detainees with chronic conditions receive periodic care and treatment for continuation of care. Patients are scheduled for follow-up at 30 to 90-day intervals as indicated. The electronic medical record provides tracking of these patients to ensure timely follow-up.	
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	\boxtimes			An interview with medical staff and a review of facility policy and procedures reflected the AFOD is notified in writing of any detainee with special medical or mental health needs. An electronic notification, as well as the utilization of a special needs form, is generated.	
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.				Interviews with dental staff reflected detainees have access to emergency procedures and specific routine dental care provided under supervision of a licensed dentist. There was no dentist on staff at the time of this inspection; however, a substitute dentist visits the facility as needed for compliance with this component.	

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.				Detainees with mental health problems noted during intake screening are referred to a mental health provider for diagnosis, treatment, and stabilization to prevent deterioration while at the facility. Facility policy and procedures address all elements of this component.
	Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			An interview with the on-duty nurse confirmed crisis intervention services are available, pursuant to established policy and procedures.
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			Medical interviews and examinations are conducted in rooms and cubicles that provide privacy for detainees. This facility does not accept female detainees.
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.				An interview with the psychiatrist and a review of facility policy/procedures indicated detainees referred for mental health issues are usually evaluated within 10 days and urgent referrals are seen within 24 hours.
58.	 (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				An interview with the psychiatrist indicated that should a detainee require restraints for mental health purposes, the detainee would be referred to an outside medical facility for treatment. There were no detainees in the past year restrained by use of therapeutic restraints. Facility policy does, however, guide the process in a manner consistent with this component.

PART	4 –	22.	MEDIC	AL	C	ARE

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
59.	 (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 				An interview with the psychiatrist indicated involuntary psychotropic medications are not administered in this facility. If a detainee requires such medications, he would be referred to an outside hospital after less restrictive intervention is exhausted without success.
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.				An interview with the nurse and a review of facility policy and procedures indicated the initial dental screening exam is performed within 14 days of a detainee's arrival. The screening is performed by RNs who have been trained to perform the screening.
	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.				An interview with the AHSA indicated medical staff is assigned to perform monthly inspections of the first aid kits. A signed log to indicate when the inspection was performed accompanies each kit and supports compliance with this component.
62.	An automatic external defibrillator should be available for use at the facility.				An interview with the nurse and the AHSA indicated an AED is available and is stored in the medical department. This inspector confirmed the existence of the AED during an inspection of the health care unit (HCU).
63.	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.				An interview with the on-duty nurse indicated that once a detainee refuses treatment, ICE/DRO is consulted to determine whether forced treatment will be administered if continued refusal could result in a life-threatening condition. A signed refusal for treatment form is obtained from the detainee if he refuses recommended treatment.

F FULL 7 - 22.	INLUIC	WE CHILE	
his Detention Standard ensures that detainees have acce nd health education, so that their health care needs are n			
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health services administrator will meet at (east quarterly and include other facility and medical staff as appropriate. 65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations. Secondary Facility policy and procedures satisfy requirements of this component. Biohazardous waste is stored in a secure room and is collected by Stericycle for proper disposal. A certificate is issue by the company as proof the waste habeen properly disposed. Used needle and sharps are placed in a biohazard sharps container. The dental lab performs autoclave of dental instrume and spore testing of the autoclave. On test is completed internally and anoth test is conducted by an outside provide system of internal review and quality assurance. An interview with the medical technologist assigned to the internal review and quality assurance program indicated studies are being conducted evaluate the selected process. I component, and pursuant to facility policy and procedures, an interdisciplinary group responsible for internal reviews and quality assurance in place. PART 4 – 22. MEDICAL CARE	and model of the analysis of t	ot ni d	"		
health services administrator will meet at least quarterly and include other facility and medical staff as appropriate. Standard medical staff as a proportiate. Minutes of a meeting were reviewed by this inspector.	Components	Meets Standard	Does Not Meet Standard	A'N	Remarks
and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	health services administrator will meet at lear quarterly and include other facility and medical sta	st			According to the AHSA, the AFOD and HSA meet every Monday; the meeting includes other facility and medical staff as appropriate. Minutes of a meeting were reviewed by this inspector.
system of internal review and quality assurance. Example studies are being conducted evaluate the selected process. I reviewed a sample study presented by the coordinator. As required by this component, and pursuant to facility policy and procedures, an interdisciplinary group responsible for internal reviews and quality assurance in place. PART 4 – 22. MEDICAL CARE	and medical and dental equipment decontaminated accordance with sound medical standards an compliance with applicable local, state, and federal	in d al			sharps container. The dental lab performs autoclave of dental instruments and spore testing of the autoclave. One test is completed internally and another test is conducted by an outside provider. Documentation of the spore testing was
	system of internal review and quality assurance.				technologist assigned to the internal review and quality assurance program indicated studies are being conducted to evaluate the selected process. I reviewed a sample study presented by the coordinator. As required by this component, and pursuant to facility policy and procedures, an interdisciplinary group responsible for internal reviews and quality assurance is
	PART 4 – 2	2. MEDIC	AL CARE		
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding		t Standar	d 🗆 N	/A	☐Repeat Finding

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

This inspector reviewed facility policy and procedures, interviewed staff, reviewed meeting minutes, reviewed medical records and inspected the medical unit. All areas of review supported facility compliance with this standard. This facility admits only male detainees. It is staffed 24 hours a day, seven days a week by medical staff with on-call schedules for medical providers when they are not on-site. All medications are distributed by medical staff. An interview with the psychiatrist indicated involuntary psychotropic medications are not administered in this facility. Detainees are referred to outside medical centers if they require forced medication after less restrictive intervention is exhausted with no success. A chest X-ray is performed on all new detainees as the primary screening method for TB.

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Reviewer's Signa	ture / Date

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	PERSONAL	

This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.				Facility policy and procedures establish requirements for the issuance and exchange of clothing, beddings, linens, towels and personal hygiene items. The laundry supervisor reported the supply of these items exceeds the minimum required and this inspector reviewed the available stock of items as verification.
2.	 appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 				New detainees are issued clothing in the type and quantity which satisfies all provisions of this component.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.				Staff interviewed stated clothing is available for any changing weather conditions. It should be noted the temperature during the inspection was unseasonably cold and detainees were in possession of adequate outer wear (hooded sweatshirts).
4.	New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase Additional blankets, based on local weather conditions.				Facility policy, procedures, and practices satisfy all requirements of this component.
	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			Facility policy and procedures were reviewed and are consistent with all provisions of this component. Staff interviewed stated the facility replenishes personal hygiene items as needed at no cost to the detainees. This facility only houses male detainees.

PART	4 - 23	PERSON	AL	HYGIENE

This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

	Components		Does Not Meet Standard	N/A	Remarks
6.	 Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 				This inspector observed toilet facilities to be clean, adequate in number, and provided at a minimum ratio of one for every 12 detainees. There are six toilets and two urinals in each pod.
	 Bathing facilities are: Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. 				This facility only has five wash basins per pod. Total detainee counts in Alpha unit and two pods in Bravo unit exceeded the requirement of one washbasin per 12 detainees.
	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.				Facility policy and procedures require detainees with disabilities are housed in the medical unit where staff can assist them. This was confirmed in an interview with the on-duty nurse.
	Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.				Staff interviewed stated detainees are provided clean clothing on a designated weekly schedule for each housing unit. This inspector reviewed the schedule and the facility's policy/procedures and found them to be compliant with the requirements of this component.
	Food service detainee volunteer workers are permitted to exchange outer garments daily.				Food service detainee volunteer workers are permitted to exchange outer garments daily, as required by facility policy and procedures. Observation of these workers revealed all were wearing clean garments.
	Volunteer detainee workers are permitted to exchanges of outer garments more frequently.				A review of facility policy/procedures and staff interviews reflected detainee volunteer workers are allowed to exchange outer garments more frequently.

	PART 4 – 23. PERSONAL HYGIENE							
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding					
Remarks: (Record significant facts,	observations, other sources used,	etc.)						
This inspector reviewed facility policy at of review reflected facility compliance w Alpha Unit and each of the two pods in I	rith the standard, with one exception. (The total numbe	ervice areas and interviewed staff. All are or of detainees in each of the four pods in a basin for every 12 detainees.					
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	PREVENTION	

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.				The facility has current written policy and procedures established for suicide prevention and intervention. The policy and procedures, which are reviewed annually, are co-signed by the health care authority and the AFOD.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director. Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				Facility policy and procedures properly address all provisions identified within this component.
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.				The training officer was interviewed and indicated all staff receives suicide prevention instruction as part of the preservice and annual in-service training programs. A tracking system is in place to monitor the training provided to staff.

PART 4 - 24.	. SUICIDE PREVENTION	AND INTERVENTION

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

Components		Does Not Meet Standard	N/A	Remarks
Training prepares staff to:				
 Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, 				
 Demographic, cultural, and precipitating factors of suicidal behavior, 				
 Responding to suicidal and depressed detainees, 				A review of the training plan and
Effective communication between correctional and health care personnel,				documentation indicated all bulleted requirements of this component are
 Necessary referral procedures, 		!		addressed.
 Housing observation and suicide-watch level procedures, 				
 Follow-up monitoring of detainees who have already attempted suicide, and 				
Reporting and written documentation procedures.				
 A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. 				Facility policy and procedures were reviewed and address the requirements of this component. An interview with
 Screening does not occur later than one working day after the detainee's arrival. 				the on-duty nurse indicated health care providers screen all detainees for
 Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				suicidal ideation during the intake process. A review of medical records showed mental health screening is addressed on the intake screening form.
 Written procedures contain when and how to refer at-risk detainees to medical staff and procedures are followed. 				Facility policy and procedures contain guidelines for referring at- risk detainees to medical staff.
 Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional. 				Facility policy and procedures outline steps for returning a previously-suicidal detainee to the general population. The return requires written authorization of the clinical director or mental health care professional.
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			The facility has a designated isolation room for suicide watch and treatment. The room is located in the medical unit.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			The isolation room is padded and does not contain any items or structures that could be used in a suicide attempt.
10. Medical staff have approved the room for this purpose.				The psychiatrist has approved the rooms used for suicide watch.

PART 4 - 24. SUICIDE PREVENTION AND INTERVEN	

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

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.				An interview with the nurse and the psychiatrist reflected detainees on suicide watch are monitored at least once every 15 minutes or placed on constant observation. This practice is required by facility policy and procedures.
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.				An interview with the on-duty nurse and a review of facility policy/procedures indicated detainees with imminent suicidal ideation are monitored by medical or detention staff no less than every 15 minutes and evaluated at least every two hours if determined to be atrisk. This evaluation is documented in the medical records as directed by the clinical director.
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shalf report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance				The facility has medical staff on duty 24 hours a day, seven days a week.
Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.				Facility policy and procedures were reviewed and they are consistent with the requirements of this component. An interview with the AHSA indicated a mortality review process would be convened on every completed suicide or serious suicide attempt; it would include an incident debriefing of all affected staff and detainees.
PART 4 – 24. SUICIDE PREV	ENTIO	N AND IN	TERVI	ENTION
	tandar	d □ N/	Ά	Repeat Finding

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

- This inspector reviewed facility policy and procedures, reviewed medical files, inspected the mental health watch area, interviewed medical staff and reviewed suicide watch logs. Policy/procedures are consistent with the requirements of this standard and medical staff is knowledgeable of the related procedures. Suicide prevention and intervention training is conducted on an annual basis. There was no successful suicide incident during the previous 12 months; however, there were two attempted suicides by the same detainee. A summary of these attempts follows:
 - A 24-year old male detainee from Pakistan was admitted on 06-14-10, with no history of suicidal ideation at time of intake screening. On 08-22-10, he was found by a detention officer in the short stay unit with blood splattered in the room from self-inflicted lacerations from a razor blade on both forearms. The on-call mental health provider was notified and ordered the detainee to be transported to an off-site hospital. Lacerations on the left forearm required 15 staples and lacerations on the right forearm required steri-strips. The detainee was discharged from the hospital on 08-24-10, with a diagnosis of Adjustment Disorder with anxious and depressed mood. Upon return to the facility the detainee was psychiatrically cleared to be released to general population and needed only wound care. He stated he only cut his wrist because he did not want to be in the facility; otherwise, he had no intention of killing himself.
 - On 09-29-10, a detention officer noticed the detainee: checked out a razor; broke it and used it on his wrists; and then discarded the razor. The mental health provider was notified and ordered the detainee to be transferred to an off-site hospital again. Lacerations were noted on the left lower forearm; however, no sutures were required for the injury. The detainee again stated he did not want to kill himself, but simply wanted to get out of the facility. He stated he did not want to return to Pakistan, but rather wanted to go to New York where his uncle lives. The detainee was discharged from the hospital on 10-04-10 and returned to the short stay unit at the facility. The detainee was again referred to an off-site hospital on 10-05-10, after indicating that he did want to kill himself. The detainee was discharged from the hospital on 10-12-10 and placed on observation. On 10-15-10, he agreed to return general population, indicating he had no plan or intent to harm himself. He continued to meet with mental health staff for supportive therapy.

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		PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH						
inj [This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	transferred to an appropriate off-site medical facility.				An interview with the on-duty nurse indicated detainees who are terminally ill are transferred to an outside medical facility. Facility policy and procedures were reviewed and are consistent with this component.			
2.	The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location.	\boxtimes			Facility policy and procedures require the facility or the appropriate ICE office to promptly notify the next of kin of the detainee's medical condition, location and visitation hours.			
3.	 There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 	\boxtimes			Facility policy and procedures address guidelines regarding State Advanced Directive Form for Living Wills and provides the opportunity to have a private attorney prepare the documents at the detainee's expense.			
4.	There is a policy addressing "Do Not Resuscitate Orders"				Facility policy and procedures address Do Not Resuscitate (DNR) Orders in a manner consistent with this component.			
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				Facility policy and procedures require maximal therapeutic efforts to be provided to the patient short of resuscitation for detainees with a DNR order.			
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				Pursuant to policy, the facility is to notify the ICE/DRO Medical Director and Headquarters' Legal Counsel regarding a detainee's circumstances if he has DNR orders in his record.			
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Facility policy addresses procedures for organ donation by detainees.			
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.				Facility policy and procedures provide requirements for the notification of ICE officials, family members, and consulates when a detainee dies while in custody. There have been no detainee deaths during the previous 12 months			

This Detention Standard engages that each facilities and				•
This Detention Standard ensures that each facility's contininjury, and advance directives and provides specific guidar	uum or ice in th	nealth car le event of	e servi a deta	ices addresses terminal illness, fatal ninee's death.
Check this box if the facility does not accept ICE d the appropriate box for this portion of the worksheet. related notifications.	etainee ALWA`	s who are YS comple	seve ete all	rely or terminally ill. Indicate NA in references to detainee death and
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
The facility has a policy and procedure to address the death of a detainee while in transport.				Facility policy and procedures address the death of a detainee while in transport.
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 				Facility policy and procedures provide for the disposition of a detainee's remains in accordance with the provisions detailed in the standard.
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 				Facility policy and procedures outline protocols to be used in the event neither the family nor consulate claims the remains. The Field Office would schedule an indigent's burial. If the detainee was a U.S. military veteran, the Department of Veterans Affairs would be notified.
 An original or certified copy of a detainee's death certificate is placed in the subject's A-File. 	\boxtimes			Local policy states a certified copy of a detainee's death certificate is to be placed in the subject's A-File.
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 				Local policy and procedures establish requirements to follow regarding all of the various elements identified within this component.
 ICE staff follow established procedures to properly close the case of a deceased detainee. 				Facility policy and procedures outline established protocols to properly close the case of a deceased detainee.
PART 4 – 25. TERMINAL ILLNESS,	ADVAN	ICE DIREC	CTIVE	S, AND DEATH
	Standar	d 🔲 N	/A	☐Repeat Finding
Remarks: (Record significant facts, observations, other sour This inspector reviewed policy and procedures, reviewed files and iteriod. However, the facility has policy and procedures in place to leath occur. (b)(6), (b)(7)c Seviewer's Signature (Date Da	nterview	ed staff. Tl	nere we a man	ere no detainee deaths this past reporting ner consistent with the standard should a

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G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09 ICE 2013FOIA03030.023003

Performance-Based National Detention Standards

Section V ACTIVITIES

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

PART 5 – 26. CORRESPONDENCE AND OTH	ER MAIL
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This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				Facility policy and procedures for correspondence and mail were reviewed. Postings regarding correspondence and mail were observed in living areas and other common areas.
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.				There are Spanish translations of all key postings.
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	×			
4.	one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes			
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	\boxtimes			
6.	Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			The facility dedicates an officer to distribute incoming detainee mail. Mail is flouroscoped prior to entry into the facility and then opened in the presence of the detainee in the living unit.
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.				
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.				
	Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				
	Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.				Any special correspondence must be properly addressed and labeled.
	The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.				

				OTHER MAIL	

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

Components _.	Meets Standard	Does Not Meet Standard	N/A	Remarks
 The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice. 	\boxtimes			
Staff maintain a written record of every item removed from detainee mail.	\boxtimes			A G-589 Form is filled out noting receipt and removal. A copy of the receipt is provided to the detainee.
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.				
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.				Copies of identity documents received via the mail are handled according to this component. In addition, the detainee receives a copy of any identification documents received via the mail.
 Staff provide the detainee a copy of his or her identity document(s) upon request. 				Copies of identity documents received and removed from the mail are provided to the detainee automatically.
 Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband". 	\boxtimes			
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.				
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.				
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			
 SMU detainees have the same correspondence privileges as general population. 	\boxtimes			
24. Detainees have access to outside publications.				
PART 5 – 26. CORRESPO	NDFN(E AND O	IHER	MAIL
☑ Meets Standard ☐ Does Not Meet S	tandar	d 🗌 N/	/A	☐Repeat Finding

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

This inspector reviewed facility policy and procedures, interviewed the mail room officer, reviewed required mail logs and receipts, inspected the mail room and interviewed detainees. These areas of review confirmed compliance with this standard. The facility utilizes a fluoroscope machine to inspect all incoming documents and parcels; however, only envelopes or containers are opened. The envelopes and containers are opened in a manner consistent with this standard. The facility demonstrates effective and timely routing of both incoming and outgoing mail within the guidelines and time frames established by the standard.

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	PART 5 - 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES							
em fun	This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals. Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral • Deathbed				The facility had two escorted trips for non-medical emergencies this past reporting period as approved by the FOD. Both trips were to attend a funeral.			
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).	M						
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.							
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.	×						
5.	Detainees who require overnight housing are placed in approved IGSA facilities.				Although the facility had no trips that required overnight housing during the previous 12 months, policy does address this possibility in a manner that complies with this component.			
6.	Each escort detail includes at leas (b)(7)e fficers.				:			
7.	The detainee remains under constant, direct visual supervision of escorting staff.							
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.							
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	\boxtimes						
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	\boxtimes						

PART 5-27. ESCORTED TRIPS					
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.					
☐ Standard NA: Check this box if all ICE Non-Medical I	Emerge	ncy Escol	rted T	rips are handled only by the ICE Field	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Escort officers ensure that detainees:					
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 					
 Do not violate federal, state, or local laws. 					
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 					
 Do not arrange to visit family or friends unless approved before the trip. 	; ;	_	_		
 Make no unauthorized phone calls. 					
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 					
 The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc. 				Facility policy and procedures guide this process. All ICE detainees are made aware of the possibility of being subjected to these procedures before going on a trip.	
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	\boxtimes				
 The Field Office Director is the approving official for all non-medical escorted trips. 					
15. Facility procedures comply with the following ICE Standards:					
 Transportation (Land Transportation 					
 Restraints applied strictly in accordance with the Use of Force Standard. 					
PART 5 – 27. ESCORTED TRIPS	FOR N	ON-MEDIC	AL E	MERGENCIES	
	Standaı	rd 🔲 N	/ A	Repeat Finding	
Remarks: (Record significant facts, observations, other sou	rces us	ed, etc.)			
The facility has policy and procedures established which meet the reflected the FOD must approve a non-medical emergency trip. Coreviewed and each met the requirements of this standard.					
(b)(6), (b)(7)c February 10, Reviewer's Signature / Date (b)(6), (b)(7)c					

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	PART 5 – 28. MA	RRIAG	E REQUES	STS	
Th	is Detention Standard ensures that each marriage reque sed on internal guidelines for approval of such requests	est from	an ICE/DR	O deta	inee receives a case-by-case review and
20	sed of litternal guidelines for approval of such requests	5. T	<u> </u>	_	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.				Facility policy and procedures are established which address detainee marriages.
2.	The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.				
3.	It is standard practice to require a written request for permission to marry.				
4.	The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.				
5.	The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.				
6.	When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes			
7.	The Facility Administrator provides the detainee with a place and time to make wedding arrangements.				,
8.	The detainee handbook explains the marriage request process.				
9.	In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.				
	PART 5 – 28. MA	RRIAGE	REQUES	TS	
	☑ Meets Standard ☐ Does Not Meet :	Standar	d □ N/	Ά	☐Repeat Finding
₹em	arks: (Record significant facts, observations, other sou	rces use	ed, etc.)		
eque	acility has policy and procedures which serve to ensure the fact est from an ICE detainee to be reviewed on a case-by-case bases, appeal process and procedures to follow if and when appro-	is for app	roval. The	policy	outlines the means of submission, the review
(b)	ebruary 1 / Date (b)(6), (b)(7)c				

PART 5 - 29. RECREATION							
This Detention Standard ensures that each detainee has a the constraints of safety, security, and good order.	ccess to	recreation	nal and	l exercise programs and activities, within			
If outdoor recreation is offered check this box. Ite	ms 19-2	7 should (then b	e marked "N/A".			
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
The Facility provides:		I					
An indoor recreation program.							
An outdoor recreation program.							
 A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population. 				The facility has three assigned recreational specialists.			
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 Management Unit and special-needs detainees. 							
Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes						
Outside activities are restricted to limited-contact sports.							
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. 				Detainees are offered the opportunity to recreate 1.5 hours every morning and afternoon.			
 Staff check all items for damage and condition when equipment is returned. 							
 Staff conduct searches of recreation areas before and after use. 							
12. Recreation areas are under constant staff supervision.							
13. Supervising staff are equipped with radios.							
 The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week. 				Detainees assigned to the SMU are offered the opportunity for outdoor recreation one hour a day, seven days a week.			
 Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges. 							
16. Special programs or religious activities are available to detainees.							

PART 5 - 29. RECREATION

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

☑ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".

		Γ	1	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				The facility conducts background checks on, and provides orientation training to, volunteers prior to their being allowed into the facility.
 Visitors, relatives or friends of detainees are not allowed to serve as volunteers. 	\boxtimes			
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	The facility offers outdoor recreation.
 If yes, written procedures ensure timely review of all eligible detainees. 			\boxtimes	The facility offers outdoor recreation.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.				The facility offers outdoor recreation.
 The Facility Administrator documents all detainee- transfer decisions, whether yes or no. 				The facility offers outdoor recreation.
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes	The facility offers outdoor recreation.
 24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer. 25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. 			\boxtimes	The facility offers outdoor recreation.
			\boxtimes	The facility offers outdoor recreation.
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.				The facility offers outdoor recreation.
 The detainee's legal representative is notified of the detainee's/Facility Administrator's decision. 				The facility offers outdoor recreation.
PART 5 - 29.	RECR	EATION		
⊠ Meets Standard □ Does Not Meet S	tandar	d N	/A	Repeat Finding

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

This inspector reviewed policy and procedures, inspected recreational areas, reviewed the detainee handbook, reviewed recreation schedules and interviewed staff. All areas of review confirmed the facility meets the requirements of this standard. The facility has created a recreation program designed to allow each detainee access to recreation programs and activities. Appropriate planning allows the facility to provide the detainees the opportunity for additional outdoor recreation time while maintaining the safety and security of the facility.

(b)(6), (b)(7)c February 10, 2 Reviewer's Signature / Date	(b)(6), (b)(7)c

PART 5 – 30. REL This Detention Standard ensures that detainees of differen	t religio	us beliefs	are pro	ovided reasonable and equitable
opportunities to participate in the practices of their respecti he orderly operation of the facility, or extraordinary costs a	ve faith: ssociat	s, constrair ed with a s	ned on pecific	ly by concerns about safety, security practice.
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks
 Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility. 	\boxtimes			
Space is available for detainees to participate in religious services.	\boxtimes			The facility has space designated to accommodate religious programming.
The facility allows detainees to observe the major "holy days" of their religious faith.	\boxtimes			
List any exceptions.				
 The facility accommodates recognized holy-day observances by: 				-
 Providing special meals, consistent with dietary restrictions. 				
Honoring fasting requirements.				
Facilitating religious services.				
Allowing activity restrictions.				
 Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard. 				
 Volunteer's credentials are checked and verified before allowing participation in detainee programs. 				The facility conducts background check on, and provides orientation training for volunteers prior to their being allowed into the facility.
 Members of faiths not represented by clergy may request to present their own services within security allowances. 	\boxtimes			
 Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility. 				During the site review, the facility's chaplain was visually observed conducting a service in the SMU.
RELIGIOUS	PRAC	TICES		
☑ Meets Standard ☐ Does Not Meet S	Standaı	rd 🗀 N	/A	Repeat Finding
emarks: (Record significant facts, observations, other sou	ces us	ed, etc.)		
is inspector reviewed facility policy and procedures, inspected at tainee handbook, reviewed schedules and interviewed staff. All andard. The facility has created policy, procedures, and practices in religious beliefs. Facility management, chaplains, and detention licies.	reas of a	review refle erve to ensu	cted the	e facility meets the requirements of this inees are afforded the opportunity to pra-
eviewer's Signature / Date				
(b)(6), (b)(7)c				
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G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

ICE 2013FOIA03030.023013

This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Phones are accessible from 5 AM to 10 PM daily, except during institutional counts. TTY devices are available.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.				The facility's telephone policy is communicated to detainees via the detainee handbook and an orientation video, as well as postings in the living units and other common areas.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.				
4,	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes			
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				The facility exceeds the ratio of telephones for detainees. Each pod houses up to 75 detainees and each pod has four phones in the pod and two in the outside recreation area of the housing pod, resulting in an approximate 1:12 ratio.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				Logs and daily reports by both contractual security staff and ICE staff reflected ongoing (daily) checks of the detainee telephones.
8.	Telephones are located a reasonable distance from televisions.	\boxtimes			
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes			
	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			
	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			The detainee telephones have adequate privacy barriers between them and they are situated away from other dayroom activities and the televisions.
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	Ø			
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			

PART	5 -	31.	TEL	.EPI	HOI	٧E	ACCESS

This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
14.	Special Access calls are at no charge to the detainees.	\boxtimes			
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	The facility meets the detainee telephone requirements.
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".				
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes			
18.	All telephone restrictions are documented.				There have been no reported telephone restrictions during the previous 12 months.
19.	The facility has a system for taking and delivering emergency detainee telephone messages.		. 🗆		
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes			
21.	Detainees are allowed to return emergency phone calls as soon as possible.				
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				A detainee phone is available in the SMU. The phone is available for use in a manner that meets this component.
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes			
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes			
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.				This component is met, with the exception that the detainee must make a request to use the phone. Detainees in the SMU are generally locked down and do not have free access to the telephone. Upon request, however, detainees in Administrative Segregation may use the phone.
26.	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	\boxtimes			Notice of monitoring is posted near each phone in multiple languages.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable. 	\boxtimes			This inspector was able to contact the OIG hotline on a detainee telephone by using the special access number and directions provided to detainees.
 The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis 				
PART 5 – 31. TE	LEPHO	NE ACCE	SS	

This inspector reviewed facility policy and procedures, reviewed the detainee handbook, observed required postings and signage, interviewed staff, interviewed detainees, reviewed living unit logs and reviewed the ICE telephone check reports. All areas of review confirmed compliance with this standard. The facility exceeds the number of detainee telephones required by the standard and provides detainees with ample information relative to the phone system. Telephone charges for general usage are 10 cents per minute for local calls, and 15 cents per minute for both long distance and international calls. Detainees interviewed indicated the access to the phones is not a concern and stated they are promptly repaired when problems occur.

(b)(6), (b)(7)c	February 10, 2011
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	PART 5 – 32. VISITATION This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.									
	Components	Meets Standard	Does Not Meet Standard	A/A	Remarks					
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes								
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.									
3.	The visitation schedule and rules are available to the public.									
4.	The hours for all categories of visitation are posted in the visitation waiting area.				7					
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.									
6.	A general visitation log is maintained.	\boxtimes								
7.	Detainees are permitted to retain authorized personal property items specified in the standard.				·					
8.	A visitor dress code is available to the public.				The dress code is part of the visitor request form completed by potential visitors.					
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			All visitors are identified, required to remove all items from their pockets and walk through a metal detector. While not routinely pat searched, visitors are always subject to pat search.					
10.	The requirement on visitation by minors is complied with.	\boxtimes								
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.				The facility allows visitation by minors.					
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				The facility allows minors to visit.					
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			There have been no visitation denials in the previous 12 months.					
14.	Detainees in special housing are afforded visitation.	\boxtimes								

 \boxtimes

 \boxtimes

15. Legal visitation is available seven (7) days a week,

16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a

minimum of four hours per day on weekends and

including holidays.

holidays.

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

Components	Meets	Does Not Meet Standard	N/A	Remarks		
17. On regular business days, detainees are give option of continuing a meeting with a representative through a scheduled meal.				Meals would be ordered for the detainee in order to continue a meeting with a legal representative.		
 Private consultation rooms are available for att meetings. There is a mechanism for the detaine his/her representative to exchange documents. 						
 There are written procedures governing desearches. 	ainee 🖂					
20. Legal representatives and assistants are subject non-intrusive search – such as a pat-down seat the person or a search of the person's belonging any time for the purpose of ascertaining the preson contraband.	rchof gs-at ⊠					
21. Per the Standard, prior to each visit, legal s providers and assistants are identified.				An interview with the front entry officer confirmed compliance with this component, together with his post orders and facility policy.		
 The current list of pro bono legal organization posted in the detainee housing areas and appropriate areas. 	ons is other					
23. SPCs and CDFs shall submit written requests for from domestic or international organizations associated with detention issues to the appro Field Office Director for approval.	and 📗 🖂					
24. Provisions for NGO visitation as stated in the Dete Standards are complied with.	ention					
 Law enforcement officials, requesting to visit visit						
26. Former detainees or aliens in proceedings, reque to visit with a detainee, are referred to the F Administrator or ICE Field Office.	acility 🛚 🖂					
PART 5 – 32. VISITATION						
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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

The following areas of review confirm compliance with the standard: facility policy and procedures; the handbook; post orders; visitation request forms; visitation logs; staff interviews; and observed posted visitation rules. Legal visits generally occur in contact visiting cubicles that provide line of sight supervision, but cannot be heard. General visitation is: scheduled alphabetically by a detainee's surname; normally non-contact unless advance approval is granted for a contact visit; and limited to 30 minutes during established blocks of time on one weekday and one weekend day (additional time may be approved for family driving a great distance).

(b)(6), (b)(7)c	February 10, 20
Reviewer's Signa	ture / Date

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

	PART 5 – 33. VOLUNTARY WORK PROGRAM							
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections. Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.								
	Components Standard							
1.		\boxtimes			Facility policy and procedures provide for a detainee Voluntary Work Program at the facility.			
2.	neatness, cleanliness and sanitation standards.							
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.							
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 							
5.	Where possible, physically and mentally challenged detainees participate in the program.							
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.							
7,	Detainee volunteers ordinarily work according to a fixed schedule.							
	If a detainee is removed from a work detail, staff place 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.							
	The voluntary work program meets: OSHA standards NFPA standards ACA standards	\boxtimes						
.,_	Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure							
	Detainees receive safety equipment/ training sufficient for the assignment							

			•			
PART 5 – 33. VOLUN	TARY \	NORK PR	OGR/	AM .		
This Detention Standard provides detainees opportunities to of work opportunities available and within the constraints of to do so, ICE/DRO affords working detainees basic Occupation. Check here if ICE detainees are not authorized to wo move to next section.	f safety ational	, security, a Safety and	and go l Healt	ood order. While not legally required h Administration (OSHA) protections.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Proper procedure is followed when an ICE detainee is injured on the job. 	\boxtimes					
PART 5 – 33. VOLUNT	'ARY V	VORK PRO	OGRA	M		
☑ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.) The facility has established a work program which gives detainees an opportunity to work and earn money while detained. The work program is established and operated in compliance with OSHA, NFPA and ACA standards. Additionally, detainees have the opportunity to earn certificates for on-the-job vocational training for work performed in departments like food service and laundry.						
(b)(6), (b)(7)c February 10, 2011 Reviewer's Signature / Da (b)(6), (b)(7)c						

Performance-Based National Detention Standards

Section VI JUSTICE

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

PART 6 - 34.	DETAINEE HANDROOK	

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

	Components	Meets Standard	Does Not Meet Standard	ΝΆ	Remarks
	receives a copy of the local handbook and the ICE National Detainee Handbook.				Upon arrival, the facility issues each detainee the ICE National Detainee Handbook and a comprehensive facility-specific handbook.
	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.				
3.	A procedure for requesting interpretive services for essential communication has been developed.				
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			The facility utilizes a bilingual orientation video for detainees.
5.	The handbook supplements the facility orientation video where one is provided.				
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				
7.	There is an annual review of the handbook by a designated committee or staff member.	×			The facility utilizes a review committee comprised of management staff, with updates approved by the AFOD.
8.	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 				
	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.				
	The handbook states when a medical examination will be conducted.	\boxtimes			
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.				

PART 6	- 34.	DETAINEE	HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.				
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			
 The handbook describes barber hours and hair cutting restrictions. 	\boxtimes			
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.				
17. The handbook addresses religious programming.				
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	\boxtimes			
The handbook describes the detainee voluntary work program.				
 The handbook describes the library location and hours of operation and law library procedures and schedules. 				
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	\boxtimes			
 The handbook/supplement provides local ICE contact information. 				
23. The handbook describes the facility contraband policy.	\boxtimes			
 The handbook describes the facility visiting hours and schedule and visiting rules and regulations. 	\boxtimes			
 The handbook describes the correspondence policy and procedures. 	\boxtimes			
26. The handbook describes the detainee disciplinary policy and procedures, including:				
 Prohibited acts and severity scale sanctions. 	\boxtimes			
 Time limits in the Disciplinary Process. Summary of Disciplinary Process. 				:

PART 6 - 34. DETAINEE HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
27. The grievance section of the handbook explains all steps in the grievance process – Including:				
 Informal (if used) and formal grievance procedures; 		!		
 The appeals process; 				
 In CDFs procedures for filing an appeal of a grievance with ICE. 				
 Staff/detainee availability to help during the grievance process. 				
 Guarantee against staff retaliation for filing/pursuing a grievance. 	į			
 How to file a complaint about officer misconduct with the Department of Homeland Security. 				
 The handbook describes the medical sick call procedures for general population and segregation. 	\boxtimes			
 The handbook describes the facility recreation policy including: 				
 Outdoor recreation hours. 	57		- -1	
 Indoor recreation hours. 				
 In dorm leisure activities. 				
Rules for television viewing.				
 The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. 	\boxtimes			
 The handbook specifies the rights and responsibilities of all detainees. 	Ø			
32. Detainees are required to sign for the handbook to ensure accountability.				
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.				
PART 6 - 34. DET	AINEE	HANDBO	ОК	
			Ά	☐Repeat Finding

This is an ICE-operated SPC. At time of intake, staff provides each detainee:	the ICE National Detention Handbook; a facility handbool
available in English and Spanish); an orientation package describing other are	eas of facility operations; and a video series.

(b)(6), (b)(7)c / February 10

Reviewer's Signature / Date

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

	PART 6 – 35. GRIEVANCE SYSTEM						
Th ma	This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees are informed about the facility's informal and formal grievance system.				The facility's detainee handbook and orientation video describe the informal and formal grievance process.		
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).						
3.	 The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filling/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. 						

 \boxtimes

 \boxtimes

 \boxtimes

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П

Detainees may appeal grievance

disabled or requests it.

decisions to the Grievance Committee.

Assistance is offered if a detainee is

How to file an emergency grievance.

concern known to a member of the staff.

necessary.

expediting them.

grievance.

Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee

has up to five days within which to make his or her

Detainees may seek help from other detainees or

Illiterate, disabled, or non-English-speaking

detainees receive special assistance when

Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.

facility staff when preparing a grievance.

6. Facility has written procedures for identifying and

Staff shall not harass, discipline, punish or otherwise

retaliate against a detainee who files a complaint or

handling a time-sensitive emergency grievance.
7. Every member of the staff knows how to identify emergency grievances, including the procedures for

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PART 6 -	35. 0	GRIEV	ANCE S'	YSTEM

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

	srd ard	t t ard		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. 				
 For quality control purposes, staff document nuisance complaints received but not filed. 				
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	×			
 Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE. 				
 Informal resolution of a written grievance is documented in the detainee's Detention File. 				
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.				Facility policy and procedures require grievances with allegations of officer misconduct to be forwarded to a higher ranking official and/or DHS/OIG.
14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.	\boxtimes	П		
 In all facilities written procedures cover detainee appeals and are included in the detainee handbook 				
 In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance. 				
PART 6 – 35. GR	IEVAN	CE SYSTE	M	
	Standar	d 🗌 N/	Ά	☐Repeat Finding

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

Established grievance policy and procedures: offer detainees an avenue to report issues of concern with the facility; protect their rights; and serve to ensure fair treatment in filing a grievance and receiving a timely response. During the site review, this inspector reviewed policy and procedures, the detainee handbook, grievance logs and interviewed staff. Staff is trained on the grievance system and is aware of the responsibility to ensure the integrity of the process.

a die responsionity to ensure the integrity of the process.						
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(b)(6), (b)(7)c	February 10, 2011					
Reviewer's Signatu	ire / Date ((b)(6), (b)(7)c				

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_	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL				
Th	is Detention Standard protects detainees' rights by ensu	ring the	ir access t	o cour	ts, counsel, and legal materials.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility provides a designated law library for detainee use.	\boxtimes			The law library is located within the facility general library.
2.	The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus				The facility utilizes the LexisNexis program as its primary resource for legal material.
	electronic law library.				.,.
3.	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:				The law library has seven desktop computers programmed with LexisNexis. There are also seven
	 Operable computers and printers, in sufficient numbers in order to provide access 				printers for use in conjunction with the desktop computers. All computers were
	Photocopiers, and				in use and operational at the time of inspection.
	Supplies for both. The Minimum of the state of the				nispection.
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.				
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.				The computers are programmed with word processing capabilities.
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.				Detainees are issued floppy disks to store individual material. The disks are maintained by the library officer and may not be removed from the library.
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	\boxtimes			The LexisNexis program is current and is updated quarterly. The library logbook has notations when the updates occur.
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.				
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	\boxtimes			The facility recreation officers have been tasked with keeping LexisNexis current and ensuring equipment and materials are in good repair.
10.	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes			

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.					
 The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security. 	\boxtimes				
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.				The facility contracts with a telephonic interpreter service to assist non-English speaking detainees.	
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				The SMU has a dedicated (portable) computer programmed with LexisNexis, as well as a printer.	
16. All denials of access to the law library fully documented.	\boxtimes			There have been no reported denials of law library privileges during the previous 12 months.	
Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.					
 Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. 	\boxtimes				
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 					
PART 6 – 36. LAW LIBRAF	RIES AI	ND LEGAL	. MAT	ERIAL	
☑ Meets Standard ☐ Does Not Meet S	tandar	d 🔲 N	/A	Repeat Finding	

This inspector reviewed facility policy and procedures, reviewed the detainee handbook, inspected the law library and the SMU, interviewed detainees and staff, checked the LexisNexis program, reviewed posted library schedules and reviewed the librarian's logbook. These areas of review confirmed compliance with the standard. The facility dedicates significant physical resources and staffing to ensure detainees' access to the courts, counsel and legal materials. This inspector was in the library on three separate occasions and observed good usage each time. Detainees interviewed were satisfied with their ability to use the law library.

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

	PART 6 - 37. LEGAL RIGH	TS GR	OUP PRES	SENT/	ATIONS	
Th an	This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
	☐ Check here if No Group Presentations were cor Acceptable overall and continue	nducted on wit	d within the	ne pas	it 12 months. Mark Standard as of worksheet.	
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	\boxtimes				
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.				Correspondence with a pro-bono group (Pro-Bar) was reviewed and reflected compliance with this component.	
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.					
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.				Pro-Bar provides group presentations during the week on an ongoing basis. There is a permanent posting in detainee living areas with information regarding the program. While the program is geared towards detainees who have court hearings, all detainees are eligible to attend.	
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	\boxtimes			There are no documented cases of detainees being denied attendance to a group presentation.	
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.					
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.					
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.					
	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.					
	Staff permit presenters to distribute ICE/DRO-approved materials.	\boxtimes				
)	The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.				Supervision of group presentations is by line of sight. There is no audible monitoring of the meetings.	

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
Check here if No Group Presentations were con Acceptable overall and continue					
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.				Facility staff has no recollection of a presenter's privileges ever being denied or suspended. Policy and procedures are in place, however, which support compliance with this component.	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes				
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	\boxtimes				
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes				
PART 6 - 37. LEGAL RIGH	rs GRO	OUP PRES	ENTA	TIONS	
✓ Meets Standard □ Does Not Meet S	Standar	d 🗌 N	/A	Repeat Finding	
Remarks: (Record significant facts, observations, other soul	ces us	ed, etc.)			
This inspector reviewed facility policy and procedures, reviewed the detainee handbook, reviewed postings, inspected the group presentation area and interviewed responsible facility staff. These areas of review served to confirm compliance with this standard. The facility has an ongoing relationship with a pro bono legal group identified as Pro-Bar. The group prepares detainees for court appearances relative to their immigration status. Their work is supported by both the facility administration and the immigration judges assigned to the facility. This program is administered in a manner found to be consistent with the goals and requirements of this standard.					
(b)(6), (b)(7)c / February 10, 2011 . Reviewer's Signatur					
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Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

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

PART	7 - 38	DETENTION	FB ES

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

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.		. 🗆		
3.	The detainee's Detention File also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of				Detention files contain all information and documents required by this component.
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.				Detention files are maintained in a secure room with restricted access. Files are stored in lockable cabinets within the secure room.
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.				·
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			
	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.				
	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			Detention files are properly logged out, on a strictly need-to-know basis.
	Electronic record-keeping systems and data are protected from unauthorized access.				Automated information relative to detainees is restricted to staff, on a need-to-know basis, consistent with the privacy requirements of this standard.
	Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.				

PART 7 – 38. E	ETEN	TION FILE	S			
This Detention Standard contributes to efficient and responsible booked into a facility for more than 24 hours a file of all significant statements.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.						
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.						
 The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File. 						
 Archived files are purged after six years by shredding or burning. 						
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	\boxtimes					
PART 7 – 38. D	ETEN	TION FILE	S			
Remarks: (Record significant facts, observations, other sou	rces us	ed, etc.)				
The following areas reviewed confirm compliance with the standard: facility policy and procedures; current and archived detention files; inspection of the records retention room; and staff interviews. Detention files are comprehensive and well controlled. Detainee information (whether in an original, duplicated or electronic format) is maintained with a high degree of confidentiality.						
(b)(6), (b)(7)c Reviewer's Signature (b)(6), (b)(7)c						

	PART 7 - 39. NEWS MEDI						
	s Detention Standard ensures that the public and the ponsibility through interviews and tours.	e media	a are infor	med d	of events within the facility's areas of		
	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks		
1.	The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.				Correspondence between the facility and a national news outlet was reviewed and supported compliance with this component.		
2.	All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.						
3.	The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.						
4.	Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.						
5.	All press pools are organized 'according to the procedures in the Detention Standard.						
,	 A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. 						
	 All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. 	\boxtimes					
	 All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 						
	PART 7 - 39. NEWS MEDI	A INTE	RVIEWS A	ND T	OURS		
	☑ Meets Standard ☐ Does Not Meet S	Standar	d 🗆 N	/A	Repeat Finding		
₹em	emarks: (Record significant facts, observations, other sources used, etc.)						

This inspector reviewed facility policy and procedures, reviewed correspondence with news media and interviewed staff. These areas of review revealed compliance with this standard.

(b)(6), (b)(7)c	February 10,
Reviewer's Signa	ture / Date

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	PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.				Facility policy and procedures require initial and annual training for all staff, contractors, and volunteers.		
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes			The facility has a comprehensive training program which provides staff initial instruction prior to assignment, and annually (or as needed) thereafter. The training is assignment specific.		
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-fortrainers course.				Trainers are certified in the 40-hour ICE training for trainer's course.		
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes			The facility's training staff and the AFOD establish and approve the training plan, which is reviewed annually.		
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems.						

PART	7 - 4	10. ST	ΓAFF	TR	AINĪ	NG

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards 				New staff completes a 40-hour training component; it is inclusive of all required topics within this component.

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions 			-		
 Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual 					
 Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility 				Clerical and support staff attend a 16-	
 Facility goals and objectives Facility organization Staff rules and regulations 				hour training program which addresses all bulleted topics within this component prior to beginning their job duties.	
 Sexual harassment/sexual misconduct awareness Personnel policies 					
 Program overview National Detention Standards. 					

Key and Lock Control. Suicide risk and prevention.

PART 7 -	40.	STAFF	TRAINING	

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of suicide risk and hunger strike Suicide precautions Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plan and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques Sexual harassment/sexual misconduct awareness. National Detention Standards. 				The facility requires professional and support employees to attend the 40-hour training for security staff which addresses all bulleted topics within this component.

	PART 7 – 40. STAFF TRAINING						
Th	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9.	Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes:		-				
	 The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations 						
	Key control; appropriate conduct with detainees						
	 Responsibilities and rights of employees 						
	Standard precautions						
	Occupational exposure	\boxtimes		—	Facility health care staff attends the 40- hour security training that addresses all		
	 Personal protective equipment 		<u> </u>		bulleted topics within this component.		
	Bio-hazardous waste disposal				1		
	 Overview of the detention operations. 						
	 National Detention Standards. 						
	 Medical grievance procedures and protocol. 						
ı	 Requirement for special needs detainees. 						
1	Code of Ethics						
	Drug free workplace						
	 Hostage situations and staff conduct if taken 		į				

hostage.

PART :	7 - 40.	STAFF	TRAININ	G

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
10. Security personnel (including contractors) witraining on the following subjects, at a minim Security procedures and regulations Supervision of detainees Searches of detainees, housing units, a areas Signs of suicide risk, precaution, prever intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control	Il receive um: and work			The facility requires security personnel to attend training that addresses all bulleted topics within this component.			
 Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee position Cultural diversity/understanding staff & description Communication skills Cardiopulmonary resuscitation (CPR)/first Counseling techniques Sexual abuse/assault awareness National Detention Standards. 	etainees						
 Situation Response Teams (SRTs) receive: Specialized training before undertaking assignments. 	ng their 🛛						
Facility management and supervisory staff rec Management and Supervisory training							
13. (MANDATORY) Personnel authorized to use receive training that covers their use, safety, a and constraints on their use before being as a post involving their possible use.	and care signed to			Personnel authorized to use firearms receive training, prior to assignment, which satisfies all elements of this component.			
 (MANDATORY) All personnel authorized firearms demonstrate competency in their use annually. 	to use at least			Facility firearms instructors verify staff competency which is documented in the staff member's training file.			

PARI	7 –	40. S	ľA	FF	TR	AINING	,			
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	Components	Meets Standard	Does No Meet Standard	N/A	Remarks
a	MANDATORY) Personnel authorized to use chemical gents receive training in the use of chemical agents and in the treatment of individuals exposed to a hemical agent before being assigned to a post prolying their possible use.				Facility staff attends annual chemical agent training conducted by a certified instructor. The training is documented in the staff training files.
fá	all staff receives orientation and annual training on the acility's drug-free workplace program. Typical ontents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy.				Facility policy and procedures establish a Drug Free Workplace Program that is consistent with the requirements of this component. During annual training staff are required to sign as verification of receipt of said training.
ti fr a	lew staff are required to acknowledge in writing that ney have reviewed and understand the facility's drugee workplace program, and a copy of the signed cknowledgement is maintained in that person's ersonnel file.				
th Ty	Il staff are trained during orientation and annually pereafter, regarding the facility's code of ethics. Spical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities.				
th et re	ew staff are required to acknowledge in writing that ey have reviewed and understand facility work rules, hics, regulations, conditions of employment, and lated documents, and a copy of the signed cknowledgement is maintained in that person's	\boxtimes			

personnel file.

	PARI 7 -	- 4 0. \$1	TAFF	TRAINING			
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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes:				
 Recognizing of signs of potential health emergencies and the required responses. 				The facility's medical and training staff provides a training curriculum, as
 Administering first aid and cardiopulmonary resuscitation (CPR). 				approved by the AFOD, which addresses all topics of this component.
 Obtaining emergency medical assistance through the facility plan and its required procedures. 		 _		The training is provided to all staff in frequent contact with detainees and is
 Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. 				part of the pre-service and ongoing annual in-service training.
 The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 				
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:				
 Understanding that sexual abuse or assault is never an acceptable consequence of detention. 				
 Recognizing housing or other situations where sexual abuse or assault may occur. 				
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 		ĺ	j	
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				

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

PART 7 – 40.	STAFF	TRAINING	;			
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.						
PART 7 – 40.	STAFF	TRAINING	<u> </u>			
☑ Meets Standard ☐ Does Not Meet S	Standa	rd 🗌 N	/A	☐Repeat Finding		

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

The facility has dedicated training staff on-site who have established curriculum for staff, contractors and volunteers. The AFOD is actively involved in all operational aspects of staff training and frequently seeks outside law enforcement instructors to assist in training at the facility. Review of staff training files revealed considerable time and effort in creating and maintaining training documentation. The annual training plans, pre-service training plans and specialty plans all comply with the requirements of this standard. The facility makes additional efforts to provide staff with PBNDS and ACA training to address specific component requirements in order to maintain compliance in those areas. Staff interviewed during the inspection reported they attend training on a regular schedule as required by the facility.

(b)(6), (b)(7)c	/ February	ر 10, 2011 ر (V
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		(b)(6), (b)(7)c

PART	7 - 41	TRANSFER	OF DETA	MILES

This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.				
	 The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 				
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.				
5.	Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer.				
	 The detainee is not notified of the transfer until immediately prior to departing the facility. 				Facility policy and procedures support compliance with this component.
	 The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 				
	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.				
8.	 For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. 				
	 Detainee is issued a minimum of 7 days worth of prescription medications. 				
	Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.				

PART 7 - 41. TRAN	ISFER	OF DETAI	NEES	
This Detention Standard ensures that transfers of detainee managed in regard to notifications, detainee records, safe property.	s from a ty and s	one facility security, ar	to ano id prot	ther are professionally and responsibly ection of detainee funds and personal
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 For medical transfers, transporting officers receive instructions regarding medical issues. 				-
 Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location. 				
 Transfer and documentary procedures outlined in Section C and D are followed. 	\boxtimes			
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				
 Meals are provided when transfers occur during normally schedule meal times. 	\boxtimes			
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.				
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				
PART 7 - 41. TRAN	SFER (OF DETAIL	VEES	
☑ Meets Standard ☐ Does Not Meet S	Standa	d 🗌 N	/A	Repeat Finding
Remarks: (Record significant facts, observations, other sour This inspector reviewed facility policy/procedures and interviewed compliance with the standard. (b)(6), (b)(7)c / February 10 Reviewer's Signature / Date (b)(6), (b)(7)c		•	s stand:	ard. These areas of review confirmed

MGT OF AMERICA, INC.

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February 10, 2011

MEMORANDUM FOR:

Gary E. Mead

Director

Office of Enforcement and Removal Operations

FROM:

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

Lead Compliance Inspector

SUBJECT:

Port Isabel Service Processing Center

Annual Detention Review

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

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) Performance Based National Detention Standards (PBNDS) at the Port Isabel Service Processing Center (PISPC) located in Los Fresnos, TX, during the period of February 8–10, 2011.

The annual inspection was performed under the guidance of (b)(6), (b)(7)c Lead Compliance Inspector (LCI). Team members were:

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

Type of Review

This review was a scheduled annual inspection, which was performed to determine overall compliance with the ICE PBNDS for Over 72-hour facilities. The facility received a previous rating of "Meets Standards" during the February 2010 inspection.

Review Summary

The facility is accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Standards Compliance

The following information is a summary of the standards reviewed and overall compliance as a result of the 2010 and 2011 annual PBNDS inspections.

2010 Inspection		
Compliant	41	
Deficient	0	
At-Risk	0	
Repeat Deficiency	0	
Not Applicable	0	

2011 Inspection	
Compliant	41
Deficient	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	0

The PBNDS consist of both Mandatory and Non-Mandatory components. Shown below is a breakdown as a result of the 2011 inspection.

2011 Inspection – PBNDS	Mandatory	Non-Mandatory
Meets Component	38	824
Does Not Meet Component	0	2
Non-Applicable	2	23
Total Components	40	849
Percentage of Compliance	100%	99.76%

Outcome Measures

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

LCI Issues and Concerns

There were no standards identified by the inspection team as "Does Not Meet Standards." The two mandatory standards identified as 'Non-Applicable' are in medical: pregnancy care issues for females (as females are not housed at this facility; and the involuntary administration of psychotropic medication (as this type medication is not administered at this facility).

Recommended Rating and Justification

The LCI recommends the facility receive a rating of "Meets Standards." The 38 applicable mandatory components were identified as "Meets Standard" (with two found to be non-applicable) for a compliance rate of 100%, while 97.76% of the non-mandatory components were identified as "Meets Standard."

LCI Assurance Statement

The findings are accurately and completely recorded on the G-324A PBNDS Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility. In addition to the entire inspection team, the following were present:

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

ICE Assistant Field Office Manager (AFOM);

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

ICE Detention Services Manager (DSM):

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

ICE Detention Supervisors (DOS);

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

ICE Operations Supervisors (DOS);

February 10, 2011 Page 3 (b)(6), (b)(7)c all ICE IEAs; (b)(6), (b)(7)c both ICE (b)(6), (b)(7)c Supervisory Detention and Deportation Officers (SDDOs) (b)(6), (b)(7)c and (b)(6), (b)(7)c all Ahtna Technincal Services, Inc. (ATSI) Quality Control staff; (b)(6), (b)(7)c Commander of Medical Services; and (b)(6), (b)(7)c Contracting Officers Technical Representative (COTR), Food Service. (b)(6), (b)(7)cLCI, MGT February 10, 2011 Printed Name/Title Date Signature:

Port Isabel Service Processin Center, Los Fresnos, TX



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

Contract # HSCECR-09-C-00004

ICE National Detention Standards Compliance Review

Facility:

Port Isabel Service Processing Center

Inspection Date:

February 8-10, 2011

Report Date:

February 13, 2011