

601 13<sup>th</sup> Street, NW Suite 650 North Washington, DC 20005

Contract # HSCECR-09-C-00004

# ICE National Detention Standards Compliance Review

Facility:

San Diego Contract Detention Facility

Inspection Date:

June 14, 2011 – June 16, 2011

Report Date:

June 16, 2011



601 13<sup>th</sup> St. NW, Suite 650 North Washington, DC 20005 202/ 824-0725 (T) 202/ 824-0728 (F) www.MGTofAmerica.com

June 16, 2011

MEMORANDUM FOR:

Gary E. Mead

Executive Associate Director

Office of Enforcement and Removal

FROM:

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

Lead Compliance Inspector

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

SUBJECT:

San Diego Contract Detention Facility

Annual Detention Review

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 San Diego Contract Detention Facility (CDF) located in San Diego, California, during the period of June 14-16, 2011. The facility is operated by the Corrections Corporation of America.

The annual inspection was performed under the guidance of Gary L. Johnson, Lead Compliance Inspector (LCI). Team members were:

Subject Matter Field	Team Member		
Security			
Medical Care	(5)(6) (5)(7)		
Food Service and Environmental Health &	(b)(6), (b)(7)c		
Safety			

## Type of Review

The review is a scheduled annual inspection which is 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 July 2010 inspection.

## Review Summary

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

## Standards Compliance

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

2010 Inspection PBNDS Review	Mandatory	Non- Mandatory		
Meets Component	40	810		
Does Not Meet				
Component	0	10		
Non-Applicable	0	29		
Total Components	40	849		
Percentage of				
Compliance	100%	98.8%		

2011 Inspection PBNDS Review	Mandatory	Non- Mandatory		
Meets Component	40	804		
Does Not Meet				
Component	0	9		
Non-Applicable	0	36		
Total Components	40	849		
Percentage of				
Compliance	100%	98.9%		

2010 Inspection PBNDS Review	
Meets Standard	41
Does Not Meet Standard	0
Repeat Finding	0
Non-Applicable	0

2011 Inspection PBNDS Review	
Meets Standard	40
Does Not Meet Standard	0
Repeat Finding	0
Non-Applicable	1

## **LCI Issues and Concerns**

There are no standards identified by the inspection team as "Does Not Meet Standard."

## Recommended Rating and Justification

The LCI recommends that the facility receive a rating of "Meets Standards." The facility meets 100% of the "Mandatory Components". In addition to being compliant with 100% of the applicable mandatory components, the facility also complied with 98.9% of the non-mandatory applicable components.

## **LCI Assurance Statement**

The findings of compliance and non-compliance are accurately and completely recorded on the PBNDS G-324A Worksheet and are supported by documentation in the inspection file. An out brief was conducted at the facility on Thursday, June 16, at 2 p.m. In addition to the entire MGT inspection team, the following facility and ICE staff were present: Fredrick Lawrence, Warden (b)(6), (b)(7)c Assistant Warden; (b)(6), (b)(7)c Chief of Security; (b)(6), (b)(7)c Quality Assurance Manager; (b)(6), (b)(7)c Lt. Commander, Public Health Services; (b)(6), (b)(7)c Assistant Warden; (b)(6), (b)(7)c Assistant Variety; (b

San Diego Contract Detention Pacility, San Diego, California

June 16, 2011

Page 3

OIC, ICE; (b)(6), (b)(7)c DSM, ICE; (b)(6), (b)(7)c SDDO, ICE; (b)(6), (b)(7)c ICE

Compliance Officer; and (b)(6), (b)(7)c ICE Contracting Officer's Technical Representative (COTR).

(b)(6), (b)(7)c LCI, MGT

Printed Name/Title

Signature:

Signature:

F. CDF/IGSA Information Only

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

Contract Number

Basic Rates per Man-Day

Estimated Man-days Per Year

ODT-5-C-003

244,478



Immigration and Customs Enforcement			Facilities Use	d Over 72 hours
A Thurst of Facilities Davids and				
A. Type of Facility Reviewed	O 4 11/41	G		
ICE Service Processing Center	G. Accreditation			
ICE Contract Detention Facility	List all State or N			
☐ ICE Intergovernmental Service Agreement	ACA (1/11); NC			
	Check box if	facility has:	no accreditation[s	3]
B. Current Inspection				
Type of Inspection	H. Problems /			
Field Office HQ Inspection			rder or Class Act	
Date[s] of Facility Review	Court Order		Class Action Or	
June 14-16 2011	The Facility has			
	Major Litigat		Life/Safety Issue	es
C. Previous/Most Recent Facility Review	Check if Nor	ne.		
Date[s] of Last Facility Review				-
July 13-15, 2010 Meets Standards	I. Facility His	tory		
Previous Rating	Date Built			
Meets Standards    □ Does Not Meet Standards	March 1999			
	Date Last Remod	deled or Upg	raded	
D. Name and Location of Facility	March 2002			
Name	Date New Const	ruction / Bed	space Added	
San Diego Contract Detention Facility	N/A		-	
Address (Street and Name)	Future Construct	ion Planned		
446 Alta Road, Suite 5400	⊠ Yes □ No	Date: Planni	ng Stages at this	time; no date
City, State and Zip Code	Current Bedspac		e Bedspace (# Ne	
San Diego, California 92158	1032	Numb	er: Date:	• • • • • • • • • • • • • • • • • • • •
County San Diego		· · · · · · · · · · · · · · · · · · ·		
Name and Title of Facility Administrator (Warden/OIC/Superintendent)	J. Total Facili	ty Populatio	n	
Fredrick Lawrence, Warden	<b>Total Facility Int</b>			<del></del>
Telephone # (Include Area Code)	6787			
619-661- (b)(6), (b)(7)c	Total ICE Manda	avs for Previ	ous 12 months	
Field Office / Sub-Office (List Office with oversight responsibilities)	247, 420	.,		
San Diego, California				
Distance from Field Office	K. Classification	on Level (IC	E SPCs and CD	Fs Only)
25 miles		L		L-3
	Adult Male	28		113
E. ICE Information	Adult Female	10		4
Name of Inspector (Last Name, Title and Duty Station)	7 Idan 1 Cindic		17	
(b)(6), (b)(7) LCI / MGT of America	L. Facility Cap	nacity		
Name of Team Member / Title / Duty Location	2. Tacinty Cap	Rated	Operational	Emergency
(b)(6), (b)(7)CI-Medical Care / MGT of America	Adult Male	800	995	
Name of Team Member / Title / Duty Location	Adult Female	200	276	1200 400
(b)(6), (b)(7) CI-Food Service & Safety / MGT of America			fenders 16 and old	
Name of Team Member / Title / Duty Location	racinty noids	Juvennes On	enucis to and old	ei as Auuits
(b)(6), (b)(7)¢ CI-Security / MGT of America	M. Average Da	ily Panulati	on	
Name of Team Member / Title / Duty Location	1.11 11viuge Da	IC		Other

Adult Male

Date of Contract or IGSA

July 7, 2005

Transportation Guard Services; \$29.72 per hour; \$0.51 per mi;

<u> </u>	ICE	OSMIS	Utner
Adult Male	548	286	0
Adult Female	132	85	0

N. Facility Staffing Level

Security:	upport:
(b)(7)e	(7)e

### Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical = 6	Physical= 4 Sexual= 1	Physical= 6 Sexual=3	Physical = 12
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	6	5	9	12
Assault:	Types (Sexual Physical, etc.)	Sexual	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		2	2	8	1
Disturbances <sup>4</sup>		1	0	4	2
Number of Times Chemical Agents Used		1	1	2	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		N/A	N/A	N/A	N/A
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received # Resolved in favor of	19=CCA 37=PHS 4=CCA	10=CCA 22=PHS 1=CCA	7=CCA 10=PHS 0=CCA	5=CCA 49=PHS 0=CCA
D. d	Offender/Detainee	20=PHS	12=PHS	6=PHS	16=PHS
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	A
	Number	0	0	0	2
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	403	321	313	312
	# Psychiatric Cases referred for Outside Care	7	9	6	8

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

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

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.

Nets Standards   2. Does Not Meet Standards   3. Repeat Finding   4. Not Applicable   1   2   3   4		DHS/ICE Detention Standards Review Summary Report				
Emergency Plans			1	2	3	4
Environmental Health and Safety	PA	RT 1 SAFETY				
3   Transportation (By Land)	1	Emergency Plans	X			
Admission and Release	2	Environmental Health and Safety	X			
Admission and Release	3	Transportation (By Land)	$\boxtimes$			
5   Classification System	PA	RT 2 SECURITY				
6 Contraband	4	Admission and Release	$\boxtimes$			
Facility Security and Control	5	Classification System	X			
B   Funds and Personal Property	6	Contraband	$\boxtimes$			
9   Hold Rooms in Detention Facilities	7		$\boxtimes$			
10	8	· · · · · · · · · · · · · · · · · · ·	M			
11	9	Hold Rooms in Detention Facilities	X			
12   Post Orders	10	Key and Lock Control	$\boxtimes$			
13   Searches of Detainees	11	Population Counts				
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         □         □           FART 3 ORDER           19         Disciplinary System         □         □           FART 4 CARE           20         Food Service         □         □         □           21         Hunger Strikes         □ </td <td>12</td> <td>Post Orders</td> <td>Ø</td> <td></td> <td></td> <td></td>	12	Post Orders	Ø			
15   Special Management Units	13	Searches of Detainees	$\boxtimes$			
16       Staff-Detainee Communication       □         □	14	Sexual Abuse and Assault Prevention and Intervention	$\boxtimes$			
17   Tool Control	15	Special Management Units	×			
18   Use of Force and Restraints	16	Staff-Detainee Communication	Ø			
PART 4 CARE	17	Tool Control				
19   Disciplinary System	18	Use of Force and Restraints				
PART 4 CARE         □ <t< td=""><td>PA</td><td>RT 3 ORDER</td><td>7</td><td></td><td></td><td></td></t<>	PA	RT 3 ORDER	7			
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 5 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 6 JUSTICE           34 Detainee Handbook         □ □           35 Grievance System         □ □           36 Law Libraries and Legal Material         □ □           37 Legal Rights Group Presentations         □ □           PART 7 ADMINISTRATION & MANAGEMENT         □ □           39 News Media Interviews and Tours         □ □           40 Staff Training         □ □	19	Disciplinary System	☒			
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24         Suicide Prevention and Intervention         □	23	Personal Hygiene				
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				<del></del>	+=-	
······································	41	Transfer of Detainees				

#### **LCI Review Assurance Statement**

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)c	4 1/2 4 1/2
Title & Duty Location	Date (b)(6), (b)(7)c
MGT of America	June 16,
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)c CI-Medical, MGT of America	(b)(6), (b)(7)c CI-Food Service & Environmental Health an Safety, MGT of America
Print Name, Title, & Duty Location  (b)(6), (b)(7)c CI-Security, MGT of America	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

Recommended Rating:	Meets Standards
	Does Not Meet Standards

Comments: An order was entered in a class action settlement in the case styled Eamma Jean Woods, et al, Plaintiffs-Appellants, v. John Morton, et al., Defendants-Appellees pertaining to medical care at the San Diego CDF. The lawsuit was originally files in 2007. A copy of the settlement agreement is available online at: www.aclu.org/prisoners-rights/woods-v-morton-settlement-agreement. The agreement lays out specific requirements for the medical and mental health care of detainees at the facility.

Corrections Corporation of America is planning to construct a new facility several miles from the location of the current facility. The current facility is leased from the county. Construction plans and dates are pending.

The facility (b)(7)(E)

The facility reports no escapes or escape attempts during the previous 12 months.

The grievances listed are separated based on which entity was grieved either the Corrections Corporation of America (CCA) or the Public Health Services (PHS) which provides health care services at the facility.

There were four ICE detainee on ICE detainee sexual assaults reported since the last review. A file review demonstrated that all four were investigated. Appropriate follow-up occurred and notifications were made as per facility policy and the Prison Rape Elimination Act (PREA). All four allegations were found to be unsubstantiated.

There was one staff on ICE detainee sexual assault reported since the last review. A file review demonstrated that the allegation was investigated. Appropriate follow up and notifications were made pursuant to facility policy and PREA. The allegation was found to be unsubstantiated.

The facility reports no deaths during the previous 12 months. However, there have been two ICE detainee suicide attempts since the last review:

An ICE detainee admitted on November 29, 2010, with a mental health history, was found on December 4, 2010, in his cell located in the mental health F unit, with a string around his neck tied to a vent in the wall. He was awake, alert, and speaking when found. He was not injured in the attempt and has since left the facility.

An ICE detainee admitted on May 23, 2011, with no mental health history, was found on June 13, 2011, in his cell located in the segregation unit, with a sheet around his neck tied to the upper bunk. He was breathing and semi-conscious when found. He was immediately sent off-site to the local emergency room at Scripps Mercy Chula Vista via ALS ambulance. He was later transferred to the Alvarado Parkway Institute, a mental health facility, where he remains.

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



MEMORANDUM FOR:

(b)(6), (b)(7)(C)

(A)Field Office Director San Diego Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

San Diego contract Detention Facility Annual Review

The annual review of the Monroe County Detention Center conducted on June 14-16, 2011, in San Diego, California has been received. A final rating of Meets Standards 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):

- 1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before June 14, 2012.

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

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

Condition of Confinement Inspection Worksheet

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

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



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

5-11-09 update Intergovernmental Service Agreement (IGSA) ICE Service Processing Center (SPC) ICE Contract Detention Facility (CDF) Name San Diego Contract Detention Facility Address (Street and Name) 446 Alta Road, Suite 5400 City, State and Zip Code San Diego, CA 92158 County San Diego Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) Fredrick Lawrence, Warden Name and Title of Lead Compliance Inspector (b)(6), (b)(7)cLead Compliance Inspector, MGT of America Date[s] of Review From June 14, 2011 to June 16, 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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## **Section I SAFETY**

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

PART 1 – 1. EMERGENCY PLANS						
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>No Detainee or detainee groups exercise control or authority over other detainees.</li> </ol>				This is addressed in the detainee handbook and during the orientation video.		
<ul> <li>Detainees are protected from:</li> <li>Personal abuse</li> <li>Corporal punishment</li> <li>Personal injury</li> <li>Disease</li> <li>Property damage</li> <li>Harassment from other detainees</li> </ul>				Facility policy requires protection from all of the areas cited in this component.		
<ul><li>Staff are trained to identify signs of detainee unrest.</li><li>What type of training and how often?</li></ul>				Training to identify signs of detainee unrest is included in the basic training all staff attend. The training is titled Signs of Institutional Tensions. Annual refresher training is also provided.		
<ol> <li>Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.</li> </ol>						
<ol> <li>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.</li> </ol>	$\boxtimes$			The Chief of Security is responsible for the emergency plans and its implementation.		
<ol> <li>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.</li> </ol>						
<ol> <li>All staff receive training in the emergency plans during their orientation training as well as during their annual training.</li> </ol>						
<ol> <li>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.</li> </ol>	$\boxtimes$			Alternate routes to the facility for staff to use, if necessary, are included in the emergency plans.		
<ul> <li>9. The plans address the following issues:</li> <li>Confidentiality</li> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> <li>Revisions</li> </ul>						

PART					

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	NIA	Remarks
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.				The facility's emergency plans include comprehensive procedures applicable to most emergency situations.
Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.				The facility is located in a remote area. There are no residences or businesses in close proximity to the facility. There are several other correctional facilities located nearby. There is a plan in place to notify these facilities in case of an emergency.
<ul> <li>12. The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>				The facility has cooperative contingency plans with all of agencies listed in the component. The Chief of Security is responsible for maintaining the Memorandum of Understanding with these 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.				The facility conducts quarterly emergency exercises with agencies with whom they have a Memorandum of Understanding.
14. All staff receive copies of the Facility Hostage policy and procedures.				Staff is trained in the Facility Hostage Policy during basic training and annual training; however, staff does not receive copies of the Facility Hostage Policy.
(b)(7)e  (b)(7)e  Within 24 hours after release, hostages are screened for medical and psychological effects.				
<ol> <li>The facility maintains a list of translator services in the event one is needed during a hostage crisis.</li> </ol>	$\boxtimes$			The facility has a contract with AT&T translator services.
<ol> <li>Emergency plans include emergency medical treatment for staff and detainees during and after an incident.</li> </ol>				
<ol> <li>The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.</li> </ol>	$\boxtimes$			The Food Service Department maintains in excess of three days worth of emergency meals.
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).				Written plans of the shut off valves and switches for utilities are included in the emergency plan.
<ol> <li>Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.</li> </ol>				

PART 1 – 1. EN  This Detention Standard ensures a safe environment for				as by having in place
plans to quickly and effectively respond to any emergence	cy situati	ons that a	rise an	id to minimize their severity.
Components	Meets Standard	Does Not Meet Standard	AN	Remarks
21. (MANDATORY) Written procedures cover:	<u> </u>			
Work/Food Strike				
• Fire	-			
Environmental Hazard		ļ		
Detainee Transportation System Emergency				
ICE-wide Lockdown				
Staff Work Stoppage	-			Written procedures in the
Disturbances	l		_	Emergency Plan cover all of the
Escapes				bulleted items listed in this
Bomb Threats				component.
Adverse Weather				
Internal Searches				
Facility Evacuation				
Detainee Transportation System Plan				
Hostages (Internal)				
Civil Disturbances				
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.				
PART 1 – 1. EM	ERGEN	CY PLANS	<u> </u>	
	tandard	□ N/A		Repeat Finding
Remarks: (Record significant facts, observations, other so The facility has a comprehensive Emergency Plan. The plan inc facility maintains individual files containing written procedures reasily accessible, if needed by the Control Center staff. This is a Staff receives training on the Emergency Plan during basic and a policy. However, copies of the Facility Hostage Policy are avail The facility conducts quarterly emergency drills with other law experience.	ludes wri for specif viewed as annual tra- able to st	tten proced ic emergence a best prace ining. They aff in the po	cy situa tice by y do no ost ord	ations in the Control Center which are this inspector.  It receive copies of the Facility Hostage ers.
Staff interviewed in the facility's Control Center was well-versed	on the lo	cation of th	ne Eme	rgency Plan and were familiar with
what they should do in the case of		•		Committee with
(b)(6), (b)(7)c June 16, 2011				
Reviewer's Signature / Date (b)(6), (b)(7)c				

Tr hie	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					
ec	uipment.		uoooo, u.	10 0011	noi oi nazardous substances and	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	issuing, and maintaining inventories of hazardous materials.	$\boxtimes$			Facility Policy, 8-5, Control of Hazardous Chemicals/Materials, provides guidance regarding the hazardous materials program. The policy outlines procedures to be followed for the control, handling, storage, and use of flammable, toxic, and caustic materials.	
2.	toxic, and caustic substances used/stored in each area of the facility.				A review of the facility's hazardous materials program indicates that accurate inventories are being maintained. Inventories were checked and found to be accurate at the time of the inspection.	
3.	<ul> <li>The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>	$\boxtimes$				
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.				Facility policy establishes procedures for the use of personal protective equipment and a system for reporting hazards and spills to appropriate officials.	
5.	The MSDS are readily accessible to staff and detainees in the work areas.				MSDSs are available for review by staff and detainees in areas where hazardous chemicals are used.  Master copies of MSDS forms are maintained in the Safety and Medical offices.	
6.	<ul> <li>Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited.</li> <li>Detainees are trained.</li> <li>Staff always supervise detainees using these substances.</li> </ul>	$\boxtimes$			The facility maintains limited quantities of hazardous materials. Food service dishwashing machines and laundry machines have remote dispensing systems. A review of documentation indicates that detainees receive training regarding the use of all hazardous materials. Observations revealed that staff supervises detainees using hazardous materials.	

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PART 1 – 2. ENVIRONMENTAL	
This Detention Standard protects detainees, staff, volunteers high facility standards of cleanliness and sanitation, safe work	, and contractors from injury and illness by maintaining
equipment.	. P. donoco, and control of nazardous substances and
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equip	facility standards of cleanliness and sanitation, safe oment.	work pr	actices, ar	nd con	trol of hazardous substances and
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
a	Il "flammable" and "combustible" materials (liquid and erosol) are stored and used according to label ecommendations.				
in	ghting fixtures and electrical equipment are installed storage rooms and other hazardous areas and meet e National Electrical Code requirements.				
9. A	Il toxic and caustic materials stored in their original ontainers in a secure area.	$\boxtimes$			
10. E ar	xcess flammables, combustibles, and toxic liquids re disposed of properly in accordance with MSDS.	$\boxtimes$			
m co dy "A	taff directly supervise and account for products with ethyl alcohol. Staff receive a list of products ontaining diluted methyl alcohol, for example, shoe i.e. All such products are clearly labeled as such accountability" includes issuing such products to etainees in the smallest workable quantities.				The facility does not utilize products containing methyl alcohol.
or ac	very employee and detainee using flammable, toxic, caustic materials receives advanced training, in accordance with OSHA standards, in their use, orage, and disposal.	$\boxtimes$			
re (N Ad	IANDATORY) The facility complies with the most arrent edition of applicable codes, standards, and gulations of the National Fire Protection Association IFPA) and the Occupational Safety and Health dministration (OSHA).				The facility Safety Manager maintains current editions of applicable codes, standards, and regulations. The facility has been inspected by the San Diego Rural Fire Protection District Fire Marshall and received an acceptable rating. The Safety Manager maintains OSHA certification.
sa 	technically qualified staff member conducts fire and fety inspections.				Fire and safety inspections are conducted on a routine basis by the technically qualified Safety Manager.
ins	e Safety Office (or officer) maintains files of spection reports, including corrective actions taken.				
16. <b>(M</b>	ANDATORY) The facility has an approved fire evention, control, and evacuation plan.				Facility Policy 8-7, Fire Prevention and Control, establishes procedures addressing fire prevention, control, and evacuation plans. The facility's emergency plans have been approved by the California Department of Forestry and Fire Protection Unit, dated July 31, 2010.

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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	NA	Remarks
<ul> <li>17. The plan requires:</li> <li>Monthly fire inspections.</li> <li>Fire protection equipment strategically located throughout the facility.</li> <li>Public posting of emergency plan with accessible building/room floor plans.</li> <li>Exit signs and directional arrows.</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>				The facility has a comprehensive fire prevention, control, and evacuation plan in place. All aspects of this component are addressed in the plan.
Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				Documentation was reviewed indicating that fire drills are conducted in all areas of the facility on a routine basis. Emergency key drills are included in each fire drill.
19. A sanitation program covers barbering operations.				
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	$\boxtimes$			Each housing unit has a designated room used only for barbering purposes. Each barbershop area has all the equipment and facilities necessary for maintaining sanitary barbering procedures.
<ol><li>The sanitation standards are conspicuously posted in the barbershop.</li></ol>	$\boxtimes$			
<ol><li>Written procedures regulate the handling and disposal of used needles and other sharp objects.</li></ol>	$\boxtimes$			
<ol> <li>All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.</li> </ol>				
<ul> <li>24. Standard cleaning practices include:</li> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>				
25. Spill kits are readily available.	$\boxtimes$			
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	$\boxtimes$			Medical waste is disposed of through a contract service with Steri-Cycle.
<ol> <li>Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.</li> </ol>	$\boxtimes$			
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?				Solid waste is disposed of through a contract service with Allied Waste Inc.

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1 141/1	1 – 2. ENVIRONMENTAL HEALTH AND S	APPIY

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	<ul> <li>A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventive spraying for indigenous insects.</li> </ul>				Pest control is managed through a contract service with Eco Lab.
	. Drinking water and wastewater is routinely tested according to a fixed schedule.				
31	<ul> <li>Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>				Emergency power generators are tested bi-weekly. All other emergency systems are tested and on a monthly basis. Documentation is maintained.
32.	The Facility appears clean and well maintained.				
	Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.				
	The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	$\boxtimes$			
	The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	$\boxtimes$			Documentation was reviewed indicating daily inspections are being conducted. Sanitation levels were observed to be maintained at a high level during the review.
	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.	$\boxtimes$			
	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.				

PART 1 – 2. ENVIRONMEN  This Detention Standard protects detainees, staff, volunte high facility standards of cleanliness and sanitation, safe of equipment.	ers. an	d contract	ors from	m injury and illness by maintaining
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: <ul> <li>American Correctional Association,</li> <li>Occupational Safety and Health Administration,</li> <li>Environmental Protection Agency,</li> <li>Food and Drug Administration,</li> <li>National Fire Protection Association's Life Safety Code, and</li> <li>National Center for Disease Control and Prevention.</li> </ul> </li></ul>	$\boxtimes$			
PART 1 – 2. ENVIRONMEN  ☑ Meets Standard ☐ Does Not Meet St				FETY ☐Repeat Finding

The facility has a comprehensive hazardous materials program in place. The program, overseen by the Facility Safety Manager, provides policy and procedures for the control, handling, storage, and use of flammable, toxic, and caustic materials.

Chemicals used in food service and the laundry are stored in locked cabinets with remote dispensing systems. Quantities of chemicals within the facility are limited to the amount needed to accomplish daily cleaning. A review of the storage areas revealed that all hazardous materials are properly stored, inventoried and issued in a manner that ensures accountability.

The physical plant is well maintained. Sanitation levels were maintained at a high level during the inspection. Detailed weekly safety and sanitation inspections are conducted by the facility's Safety Manager. Regular fire safety inspections are conducted by qualified staff and outside professionals. All fire suppression, sprinkler, and smoke evacuation systems are tested and approved by outside sources. The latest fire inspection was conducted by the California Department of Forestry and Fire Protection Unit on July 31, 2010. Fire drills are being conducted and documented on a monthly basis. Fire drills also include the use of emergency key drills.

(b)(6), (b)(7)c June 16	
Reviewer's Signature / [	
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Th	is Detection Standard provents beautiful.									
eq	is Detention Standard prevents harm to the general publuipped, maintained, and operated and that detainees are supervision of trained and experienced staff.	ic, deta e transi	nees, and ported in a	staff t secur	by ensuring that vehicles are properly e, safe and humane manner, under					
☐ in	☐ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.									
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				The transportation supervisor maintains files on all staff approved to be transportation officers. This file includes the driver's history to ensure compliance with applicable motor vehicle laws.					
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.	$\boxtimes$			The transportation supervisor and the maintenance supervisor maintain records for each vehicle in the fleet.					
	. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.				The maintenance supervisor maintains inspections of vehicles done in accordance with state statutes.					
	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	$\boxtimes$			Documentation of all vehicle repairs is maintained in the maintenance department.					
6.	Officers use a checklist during every vehicle inspection.			_						
	<ul> <li>Officers report deficiencies affecting operability.</li> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>									
7.	Transporting officers:									
	<ul> <li>Limit driving time to 10 hours in any 15 hour period when transporting detainees.</li> </ul>		ļ							
	Drive only after eight consecutive off-duty hours.				Facility policy addresses all bulleted					
	<ul> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.</li> </ul>	$\boxtimes$			items in the component. Transport Officers are required to maintain a Driver's Daily Log form to ensure					
	<ul> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.</li> </ul>				compliance with the permitted hours of work.					
	<ul> <li>During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area—exceeding the 10-hour limit.</li> </ul>									

This Detention Standard provents have to the annual of				
This Detention Standard prevents harm to the general puberquipped, maintained, and operated and that detainees at the supervision of trained and experienced staff.	nic, deta re trans	inees, and ported in a	d staff I i secur	by ensuring that vehicles are properly e, safe and humane manner, under
☐ Standard NA: Check this box if all ICE Transportatin control of the detainee case.	ion is h	andled or	nly by	the ICE Field Office or Sub-Office
Components	Meets Standard	Does Not Meet Standard	NA	Remarks
<ul> <li>8. (b)(7)e officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.</li> <li>• When buses travel in tandem with detainees, there are b)(7)equalified officers per vehicle.</li> <li>• An unaccompanied driver transports an empty</li> </ul>				
vehicle.  9. The transporting officer inspects the vehicle before the start of each detail.				
Positive identification of all detainees being transported is confirmed.				Information Sheets accompany all detainees being transported The photo on the sheet is used to confirm positive identification of the detainee being transported.
<ol> <li>All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.</li> </ol>				
<ol> <li>The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.</li> </ol>				
13. (b)(7)e	$\boxtimes$			
<ul> <li>14. The vehicle crew conducts a visual count once all passengers are on board and seated.</li> <li>Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.</li> </ul>				
<ol> <li>Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.</li> </ol>				Facility policy 9-18, Transportation Procedures, addresses the use of restraining equipment on transportation vehicles.
<ul> <li>Officers ensure that no one contacts the detainees.</li> <li>(b)(7)e officer remains in the vehicle at all times when detainees are present.</li> </ul>				
<ul> <li>17. Meals are provided during long distance transfers.</li> <li>The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.</li> </ul>				Meals are prepared by the facility which meet dietary standards as identified by dieticians utilized by ICE. Meals are inspected by a transportation officer before being placed in the transportation vehicle.

This Detention Standard prevents harm to the general public equipped, maintained, and operated and that detainees are the supervision of trained and experienced staff.  Standard NA: Check this box if all ICE Transportation control of the detainee case.  Components	lic, deta e transi	inees, and ported in a andled on	l staff t secur	by ensuring that vehicles are properly e, safe and humane manner, under
	Me	Does No Meet Standar	Ž	
<ul> <li>18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative.</li> <li>Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.</li> <li>19. Vehicles have:</li> </ul>				
• (b)(7)e				
20. The vehicles are clean and sanitary at all times.	$\boxtimes$			The facility contracts with a local detail shop to clean the transportation vehicles.
 <ul> <li>21. Personal property of a detainee transferring to another facility:</li> <li>Is inventoried.</li> <li>Is inspected.</li> <li>Accompanies the detainee.</li> </ul>				All detainee property is inspected and inventoried by b)(7) efficers in the presence of the detainee. (b)(7) e officers and the detainee sign the property inventory. The supervisor then signs the inventory before the detainee is placed in the transportation vehicle.

PART 1 – 3. TRANSPO	ORTAT	ION (BY I	LAND)	
This Detention Standard prevents harm to the general public equipped, maintained, and operated and that detainees are the supervision of trained and experienced staff.	lic, deta e trans	inees, and ported in a	l staff b secur	by ensuring that vehicles are properly e, safe and humane manner, under
Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is h	andled on	ily by	the ICE Field Office or Sub-Office
Components	Meets Standard	Does Not Meet Standard	MA	Remarks
<ul> <li>22. The following contingencies are included in the written procedures for vehicle crews: <ul> <li>Attack</li> <li>Escape</li> <li>Hostage-taking</li> <li>Detainee sickness</li> <li>Detainee death</li> <li>Vehicle fire</li> <li>Riot</li> <li>Traffic accident</li> <li>Mechanical problems</li> <li>Natural disasters</li> <li>Severe weather</li> <li>Passenger list is not exclusively men or women or minors</li> </ul> </li> </ul>				Contingency plans are included in the written procedures for vehicle crews for all of the bulleted items listed in the component.
PART 1 – 3. TRANSPO	DRTAT	ION (BY L	AND)	
☑ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sour The facility transportation supervisor maintains files on all transportant to ensure all drivers are compliant with applicable local, structured preventive maintenance on the vehicles is provided by the facility performed on the vehicles is logged and maintained in the maintenance of the transportation of the transportation Detainees' property is inventoried prior to being placed on the transport to the Information Sheet which contains a photo of the detained	ortation ate, and mainten nance do vehicle	officers in federal monance department.	tor vehrtment  detain	and local garages. All maintenance tee transport.
Officer's post orders include contingency plans that include writte situations and escapes.	n proce	dures for m	ost em	ergency situations including hostage
(b)(6), (b)(7)c June 16,  Reviewer's Signature / Dat (b)(6), (b)(7)c				

## **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

	PART 2 – 4. ADMISSION AND RELEASE								
Tr or	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	NA	Remarks				
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				Facility policy 17-100, Admission and Orientation Procedures, requires that each newly arriving detainee be provided an orientation to the facility. A local facility handbook and the ICE National Detainee Handbook are provided during intake. An orientation video is shown. The video includes all of the requirements of the component. A trained intake officer is available to answer questions.				
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.				Medical screenings are performed by Public Health Services (PHS) staff.				
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.								
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.				Searches are addressed in facility policy 9-5, Searches of Inmates and Various Locations.				
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.								
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.	$\boxtimes$			Facility policy 9-6, Contraband Control, addresses this component.				
7.	Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	$\boxtimes$							

This Detention Standard protects the community, detainee orderly operations when detainees are admitted to or release	s. staff.	volunteer	s. and	contractors by ensuring secure and
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				Facility policy 14-6, Inmate Resident Property, requires that each detainee be issued three pairs of pants and three shirts or jumpsuits, three pairs of socks, three pairs of underwear, one pair of shoes, one coat (seasonal). Additionally, one mattress and one pillow or a mattress with an integrated pillow are issued to each detainee.
All releases are coordinated with ICE.				Facility policy 21-100, Release/Transfer Procedures, addresses the release process.
<ol> <li>Staff complete paperwork/forms for release as required.</li> </ol>				
<ol> <li>Each detainee receives a receipt for personal property secured by the facility.</li> </ol>	$\boxtimes$			
<ol> <li>The facility has a system to maintain accurate records and documentation for admission, orientation, and release.</li> </ol>	$\boxtimes$			A detention file is created and maintained in a secure area for each detainee assigned to the facility.
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.				(b)(7)e ICE staff are located at this facility. The Deportation Officers assigned to the facility enter this information within eight hours of action.
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.				The facility's handbook and the orientation video are provided in English, Spanish, and Mandarin Chinese.
PART 2 – 4. ADMISS	ION AN	ID RELEA	SE	
	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sour based on a review of policies, interviews with staff, and direct obsequirements of the Admission and Release standard. The facility panish, and Mandarin Chinese. All initial medical screenings are earches are met.  (b)(6), (b)(7)c / June 16, 2011 (eviewer's Signature / Date)	servation's handb	n, it was det	ientatio	on video are provided in English

P	ART 2	- 5. CL/	ASSIFICA	ATION	SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				The Internal Classification Assessment System (ICAS), an objective classification system, is utilized at this facility. ICAS is a proprietary classification system of the Corrections Corporation of America (CCA) and is described in facility policy 18-1.
2.	<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival.</li> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> <li>The first-line supervisor or designated classification specialist reviews every classification decision.</li> </ul>				The classification process is described in facility policy 18-1, Internal Classification and Assessment System, and 18-2, Classification and Inmate/Resident Management. The requirements of this component are addressed in these policies.
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				ICE staff housed at this facility maintains the A-files. Information which may be pertinent to the classification of a particular detainee is shared with the facility staff as necessary. Other relevant documents and information are reviewed by the intake staff in order to complete the ICAS.
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.				
5.	Housing assignments are based on classification-level.	$\boxtimes$			Detainees are classified as Level I, Level II, or Level III. Levels may be mixed; however, Levels I and III may not be housed together.
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.				Detainees recreate by housing pod.
7.	Detainee work assignments are based upon classification designations.	$\boxtimes$			
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.				

		PART 2 – 5. CLA		and the second			
con	itributes to orderly t	rd protects the detainees, staff acility operations, by requiring I on verifiable and documented	a fo	ormal c	rs, volunte lassificatio	ers, a on pro	nd the community from harm, and cess for managing and separating
	C	omponents		Meets Standard	Does Not Meet Standard	NA	Remarks
9.	Only a designat	n system includes standa rocessing new arrivals' appea ed supervisor or classification authority to reduce a classification	als. ion				
10.		eals are resolved w/in 5 busine e notified of the outcome within		$\boxtimes$			
11.	Classification desi higher authority su equivalent.	gnations may be appealed to ch as the Facility Administrator	o a or				
12.	2. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.			$\boxtimes$			
<ol> <li>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.</li> </ol>				$\boxtimes$			Level I detainees' uniforms are blue, Level II detainees wear orange uniforms, and Level III detainees wear red uniforms. Detainees in segregations status wear yellow.
		PART 2 – 5. CLA	SSI	FICAT	ON SYST	EM	
	⊠ Meets St	andard Does Not Mee	t Sta	andard	□ N/A		☐Repeat Finding
The fast System System Correct The undersain classif (b)(6)	acility meets the requing (ICAS), an objective ctions Corporation of the case managers rev	e classification system, is utilized America (CCA). Detainees are in iew the initial classification on the ne facility uses the ICE classification	for C at th nitiall next	Classific is facili ly classi t busine	ation System ty. ICAS is fied by inta- ss day. On	s a prop ke stat ly obje	e Internal Classification Assessment prietary classification system of the ff that is trained in scoring the ICAS. active criteria are used to determine a ainees are housed based on their

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	NA	Remarks
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.				Facility policy 9-6, Contraband Control, provides written procedures for handling contraband.
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.				
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.				Written procedures for the return of property not needed as evidence is included in facility policy.
4.	Altered property is destroyed following documentation and using established procedures.	$\boxtimes$			
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.				
6.	Staff follow written procedures when destroying hard contraband that is illegal.	$\boxtimes$			Written procedures for destroying hard contraband are included in the facility policy. Destruction of hard contraband is completed by the evidence custodian and another staff witness. All contraband destroyed is entered into the contraband logbook.
7.	<ul> <li>Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes.</li> <li>If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.</li> <li>Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property.</li> </ul>	$\boxtimes$			The facility has used confiscated contraband for training purposes and written procedures are in place for this purpose. Current practice is to take pictures of the contraband to be shown during training. The procedures for soft contraband comport with the standard.
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.				Detainees receive notification of contraband in the detainee handbook and in the orientation video.
9.	Facilities with Canine Units only use them for contraband detection.			$\boxtimes$	The facility does not have a canine unit.
	PART 2 – 6. C	ONTRA	ABAND	North Age	

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

The facility policy on Contraband Control is comprehensive. Contraband is properly logged and secured by the evidence custodian. The destruction of contraband is done by the facility's evidence custodian with another staff member present. All contraband destroyed is logged in two separate log books. Detainees are notified of contraband rules via the detainee handbook and orientation video.

The facility does not have canine units.

(b)(6), (b)(7)c / June 16, 20 Reviewer's Signature / Date

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

		SECURITY	

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
	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.				Facility policy requires the facility administrator and department heads to visit detainee living quarters weekly. All visits are logged into the housing unit logbook.
	At least one male and one female staff are on duty where both males and females are housed.	$\boxtimes$			
	Comprehensive annual staffing analysis determines staffing needs and plans.				The annual staffing analysis is conducted by the Facility Support Center with input from the facility staff.
4.	Essential posts and positions are filled with qualified personnel.	$\boxtimes$			Officers are trained and familiar with working all posts in the facility.
	Every Control Center officer receives specialized training.				All officers are trained in working the Control Center.
6.	Policy restricts staff access to the Control Center.	$\boxtimes$			Facility policy 9-2, Security and Control, restricts access to the Control Center.
7.	Detainees do not have access to the Control Center.				Detainees are never permitted inside the Control Center.
8.	Communications are centralized in the Control Center.	$\boxtimes$	Ü		
	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	$\boxtimes$			The Control Center monitors the facility perimeter security system, security gates throughout the facility via CCTV (closed circuit TV) systems. The facility fire suppression and alarm systems are also monitored by the Control Center.
	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).				
	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	$\boxtimes$			Recall lists are maintained for all facility employees in the emergency manual.
12	(b)(7)e	$\boxtimes$			(b)(7)e (b)(7)e
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	$\boxtimes$			All pertinent information is recorded in the housing unit log book and on the Daily Shift Report.

PART 2 - 7.	FACILITY SECURITY AND	CONTROL

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

that reality accounty is maintained and that events that pose a risk of narm are prevented.							
Components	Meets Standard	Does Not Meet Standard	N.	Remarks			
The front-entrance officer checks the ID of everyone entering or exiting the facility.				The front entrance officer checks the ID of everyone entering or exiting the facility. All visitors entering the facility receive a hand stamp with invisible ink that is checked when the visitor exits the facility.			
<ol> <li>All visits officially recorded in a visitor logbook or electronically recorded.</li> </ol>				All visitors are recorded in a visitor logbook.			
<ol><li>The facility has a secure, color-coded visitor pass system.</li></ol>							
17. Officers monitor all vehicular traffic entering and leaving the facility.	$\boxtimes$			There is an officer assigned to monitor all vehicular traffic entering and leaving the facility.			
<ul> <li>18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:</li> <li>The driver's name</li> <li>Company represented</li> <li>Vehicle contents</li> <li>Delivery date and time</li> <li>Date and time out</li> <li>Vehicle license number</li> <li>Name of employee responsible for the vehicle during the facility visit</li> </ul>				The sally port officer maintains a log of all incoming and departing vehicles to the facility. The log includes all of the bulleted information listed in the component.			
19. Officers thoroughly search each vehicle entering and leaving the facility.	$\boxtimes$			All vehicles entering and exiting the facility are searched. This inspector observed the searching of a transport van. The officer did a thorough job, including searching under the vehicle hood, underneath the vehicle, and inside of the vehicle.			
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	$\boxtimes$			Facility policy 9-5, Searches of Inmates and Various Locations, provides written procedures to prevent the introduction of contraband into the facility.			
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.							

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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	NA	Remarks
<ol> <li>The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.</li> </ol>	$\boxtimes$			The facility's perimeter includes two 14-foot security fences with concertina wire, a (b)(7)e and CCTV coverage for the entire perimeter.
23. Written procedures govern searches of detainee housing units and personal areas.	$\boxtimes$			Written procedures are included in facility policy 9-5, Searches of Inmates and Various Locations.
24. Housing area searches occur at irregular times.	$\boxtimes$			
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.				Officer's posts are located inside the detainee living areas.
26. There are post orders for every security officer post.	$\boxtimes$			All officer posts checked while touring the facility had post orders present.
<ol> <li>Detainee movement from one area to another area is controlled by staff.</li> </ol>				All detainees moving from one area to another are escorted by staff.
<ol> <li>Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.</li> </ol>				Officers are present in the detainee living areas and continuously observe cells and dayrooms.
<ol><li>Every search of the SMU and other housing units is documented.</li></ol>				All searches of the SMU or other housing units are documented in the unit logbook, the Daily Shift Report and the Facility Unit Search Log.
30. The SMU entrance has a sallyport.				
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				All tools entering the SMU are inventoried and inspected by the SMU officer. The inspection and inventory is logged into the SMU log book.
<ul> <li>32. The facility has a comprehensive security inspection policy. The policy specifies:</li> <li>Posts to be inspected</li> <li>Required inspection forms</li> <li>Frequency of inspections</li> <li>Guidelines for checking security features</li> <li>Procedures for reporting weak spots, inconsistencies, and other areas needing improvement</li> </ul>				Facility policy 9-7, Security Inspections, includes written procedures for all bulleted items in the component.
<ol> <li>Every officer is required to conduct a security check of his/her assigned area. The results are documented.</li> </ol>				All security checks conducted are documented in the unit logbook and on the Daily Shift Report.

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
34. Documentation of security inspections is kept on file.	$\boxtimes$			Documentation of security inspections is maintained in the Chief of Security's office.		
35. 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.				All tools being taken into the facility contain inventories.		
<ol> <li>Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.</li> </ol>				Searches of the supply rooms, walls, light and plumbing fixtures, accesses, and drains are documented on the Daily Shift Report.		
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	$\boxtimes$					
<ul> <li>Daily procedures include:</li> <li>Perimeter alarm system tests.</li> <li>Physical checks of the perimeter fence.</li> <li>Documenting the results.</li> </ul>				Facility procedures include a  (b)(7)(E)  logged into the Central Control logbook.		
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.	$\boxtimes$			The Chief of Security is responsible for ensuring security inspections are conducted in all areas of the facility.		
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.						
FACILITY SECURI	TY AND	CONTRO	)L			
⊠ Meets Standard ☐ Does Not Meet St						

The facility has a comprehensive policy to ensure all areas of the facility are searched for contraband. All searches are logged, and the Chief of Security maintains the file for searches of the facility.

The facility Control Center is staffed 24 hours a day, seven days a week. Staff is trained and access to the Control Center is restricted. A list of staff authorized entry into the Control Center is maintained. Control Center Staff interviewed were very knowledgeable of the various duties involved with this post.

All vehicles entering the facility are searched by the sally port officer. All pertinent information about the vehicles entering the facility is entered into the log maintained in the sally port. The vehicle is searched again before exiting the facility. Observations were made of the searching of a transport van. The officer did a thorough search of the vehicle as it entered the facility. All visitors entering the facility are required to present photo identification, pass through a metal detector, and receive a hand stamp using invisible ink for identification. The staff working the front entrance was consistently professional and pleasant while carrying out their duties.

(b)(6), (b)(7)c / June 16, 2 Reviewer's Signature / Date (b)(6), (b)(7)c

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY				
fac	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.				
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.				A review of property inventory forms revealed that all property is not itemized. Medications which were with the detainee upon admission were observed in property bags and were not recorded on the property form.
4.	(b)(7)e officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)e officers verify funds and valuables.	$\boxtimes$			
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?				The facility utilizes an automated property accounting system to generate personal property inventory forms.
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.				All medication is forwarded to medical staff for disposition. Interviews with medical staff indicate that medicine accompanying an arriving detainee is noted and returned to the property room to be placed in the detainee's property bag.
8.	Staff search arriving detainees and their personal property for contraband.	$\boxtimes$			
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	$\boxtimes$			
10.	Staff follow written procedures when returning property to detainees.	$\boxtimes$			Facility policy, 14-6, Inmate Resident Property, provides policy and procedures for returning detainee property.

	PART 2 - 8. FUNDS AND	PERS	ONAL PR	OPER	<b>TV</b> =1 -45, 121
incl fac	s Detention Standard ensures that detainees' personal uding funds, valuables, baggage and other personnel lility.  Standard NA: (IGSA ONLY) Check this box if all IC	proper propert	ty is safeg y, and that inee Fund	uarde contra	d and controlled, specifically aband does not enter a detention uables and Property are
hai	ndled only by the ICE Field Office or Sub-Office in o	control	of the de	tainee	case.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	$\boxtimes$			
12.	The facility attempts to notify an out-processed detainee that he/she left property in the facility.				
	<ul> <li>By sending written notice to the detainee's last known address; via certified mail;</li> </ul>				
	<ul> <li>The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>				
13.	Staff obtain a forwarding address from each detainee.	$\boxtimes$			Facility staff requests a forwarding address during the intake process.
14.	It is standard procedure for b)(7) officers to be present when removing/documenting the removal of funds from a detainee's possession.	$\boxtimes$			
15.	Staff issue and maintain property receipts (G-589s) in numerical order.		1		Property receipts are generated from the facility's automated Inmate Management System. Receipts are issued in numerical order.
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.				A review of the property logbook indicates that the processing officer records and initials all property receipts.
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:				
	<ul> <li>Detainee funds are, without exception, deposited into the cash box;</li> </ul>				
	<ul><li>Every property envelope is sealed.</li><li>All sealed property envelopes are placed in the safe.</li></ul>				
	• Large, valuable property is kept in the secured				

## 31

locked area.

21. Staff tag every baggage/facility container with an I-77,

completed in accordance with the ICE standard.

22. Staff secure every container used to store property

with a tamper-proof numbered strap.

 $\boxtimes$ 

 $\boxtimes$ 

All baggage/facility containers were

tagged with an I-77.

PART 2 - 8. FUNDS AN	The second second		and the second	
This Detention Standard ensures that detainees' person including funds, valuables, baggage and other personne facility.	al propei l propert	rty is safeg y, and that	uarde contr	d and controlled, specifically aband does not enter a detention
☐ Standard NA: (IGSA ONLY) Check this box if all handled only by the ICE Field Office or Sub-Office in	ICE deta control	inee Fund of the de	ls, Val tainee	luables and Property are case.
Components	Meets Standard	Does Not Meet Standard	A	Remarks
23. A logbook records detainee name, A number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	7 y   🛛			A review of the facility's logbook indicated that all log entries were complete.
<ol> <li>In SPCs, the Supervisory Immigration Enforcemen Agent, accompanied by a detention staff membe conducts a comprehensive weekly audit.</li> </ol>	t r 🗵			
25. The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.				Weekly audits of baggage and non-valuable property are being conducted. However, verification of the contents is not accurate. Items (e.g. medication) were observed within property bags which were not listed on the property form.
<ol><li>The facility positively identifies every detainee being released or transferred.</li></ol>	9 🗵			
<ol> <li>Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed</li> </ol>	ı 🖂 🗆			
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A- file, retaining a copy in the detainee's detention file.	r   a   🖂			
PART 2 - 8. FUNDS AN	D PERS	ONAL PRO	OPER	<b>TY</b>
	Standard	I □ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other so	ources us	sed. etc.)		

Observation of intake processing procedures indicates that detainees and their personal property are searched upon admittance to the facility. During this time, each detainee is informed regarding what property may be retained. The facility has policies and procedures for documenting and receipting of property surrendered during in-processing. A review of property inventory forms in comparison to the actual contents of the property bag revealed that not all of the items in bags were listed on the inventory form. Specifically, medications were observed in property bags but were not recorded on the property form.

Interviews with intake staff indicated that any medications accompanying an arriving detainee would be forwarded to medical staff. Medical staff interviewed indicated that such medications would be noted and returned to the facility's receiving and discharge department for placement in the detainee's personal property. Audits of the property bags are being conducted. However, the audits failed to note the diagramming in the property bags.

	/ June 16, 2011	(1-)(0) (1-)(7)-
Reviewer's Sigr	hature / Date	(b)(6), (b)(7)c

	PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
Tr	This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending						
Tur	further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The hold room is situated in a location within the secure perimeter.	$\boxtimes$			4. 4. 4. 4. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	$\boxtimes$			The hold rooms are clean and well lit. All switches are located outside of the rooms.		
3.	The hold rooms contain sufficient seating for the number of detainees held.	$\boxtimes$			The hold rooms contain secure benches and provide sufficient seating for the detainees being held.		
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	$\boxtimes$			Only secured benches are inside of the hold rooms.		
5.	Hold room walls and ceilings are escape and tamper resistant.						
6.	Detainees are not held in hold rooms for more than 12 hours.				Detainees are not kept in the hold rooms for more than 12 hours. Individual logs are maintained on each detainee to ensure that they are not kept longer than 12 hours.		
7.	Male and females detainees are segregated from each other at all times.	$\boxtimes$					
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	$\boxtimes$			The facility does not automatically issue hygiene items to the detainees, but provides them upon request.  This is done due to past issues with detainees flushing items down the toilet resulting in the clogging of drains.		
	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.	$\boxtimes$			All hold rooms are equipped with toilet facilities.		
	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	$\boxtimes$					
11.	<ul> <li>When the last detainee has been removed, the hold room is inspected for the following:</li> <li>Cleaning.</li> <li>Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.</li> </ul>						

<del>-</del>				
PART 2 - 9	. HOLD	ROOMS II	N DETENTION	I FACILITIE

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

Components	Meets Standard	Does Not Meet Standard	NA	Remarks
<ul> <li>12. (MANDATORY) There is a written evacuation plan.</li> <li>There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.</li> </ul>				There is a written evacuation plan for the hold room's area. The plan designates in writing the staff member responsible for removing detainees from the hold rooms in case of fire and /or building evacuation, or other emergency.
<ol> <li>An appropriate emergency service is called immediately upon a determination that a medical emergency exists.</li> </ol>				
<ul> <li>14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area).</li> <li>If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee.</li> </ul>				
<ul> <li>15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are:</li> <li>Compliant with the American Disabilities Act.</li> <li>Small hold rooms (1 to 14 detainees) have at least one combi-unit.</li> <li>Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.</li> </ul>				The facility was built in 1999; and although not a SPC, does comply with the bulleted items in the component.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).				The facility was built in 1999; and although not a SPC, does comply with the component and have floor drains.
<ol> <li>In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.</li> </ol>				The facility was built in 1999; and although not a SPC, all doors in the hold room area are compliant with the standard.
18. 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.	$\boxtimes$			
<ol> <li>Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.</li> </ol>				The facility does not accept minors.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and of further processing. The maximum aggregate time an indi-	comfort	of detained	es tem	porarily held in Hold Rooms pending		
The maximum aggregate time an indiv	further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ul> <li>20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell.</li> <li>The log includes the required information specified in the standard.</li> </ul>				The facility maintains a detention log for each detainee placed in a hold cell.		
<ul> <li>21. Officers provide a meal to any detainee detained in a hold room for more than six hours.</li> <li>Juveniles, babies and pregnant women have access to snacks, milk or juice.</li> <li>Meal are served to juveniles regardless of time in custody</li> </ul>				Officers provide hot meals to detainees in the hold rooms if they are detained for four or more hours. After regular meal times, the detainees are provided with bag lunches.		
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	$\boxtimes$			The hold rooms are compliant with the Americans with Disabilities Act (ADA) requirements.		
<ol> <li>The maximum occupancy for the hold room will be posted.</li> </ol>	$\boxtimes$			Maximum occupancy numbers for the individual hold rooms is printed above the doors.		
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	$\boxtimes$			Before entering the facility, medical staff screens detainees for obvious mental or physical problems.		
25. Staff does not permit detainees to smoke in a hold room.	$\boxtimes$					
<ul> <li>26. Officers closely supervise hold rooms through direct supervision, to ensure:         <ul> <li>Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and</li> <li>Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments."</li> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul> </li> </ul>	$\boxtimes$			The intake area where hold rooms are located is very busy. Staff was observed to be monitoring the hold rooms on a consistent basis. A log is kept outside of each hold room to record the time of officer's rounds. Rounds are conducted at least every 15 minutes.		
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						

☐ Does Not Meet Standard

□ N/A

□Repeat Finding

The facility intake area containing the hold rooms was very busy at the time of the inspection. The hold rooms are clean and well lit. Detainees are provided with hygiene items, as needed. Hot meals are provided during regular dining hours and bag lunches are provided in the evening.

Detainee logs are maintained in the control area to ensure detainees are not kept in the hold rooms for longer than 12 hours. A written evacuation is kept in the officer's booth with a memo designating a staff member responsible for the evacuation of detainees in case of a fire, facility evacuation, or other emergency situation. Staff working in the intake area were able to show this inspector the evacuation plan and memo.

(b)(6), (b)(7)c / June 16

Reviewer's Signature / Da

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

This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and						
ma	maintained.					
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	$\boxtimes$			The armory officer responsible for maintaining the keys attended a locksmith training program given by Southern Steel Products.	
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.				The facility's Chief of Security is responsible for all administrative duties relating to keys, locks etc.	
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	$\boxtimes$			Training is offered to staff by the armory officer.	
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	$\boxtimes$				
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	$\boxtimes$			The armory officer conducts preventive maintenance on all locks weekly. Preventive maintenance performed is documented in the Quarterly Lock & Key Preventive Maintenance Schedule.	
6.	Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$			Facility policy 9-3, Key Control, addresses compromised keys and locks.	
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	$\boxtimes$			(b)(7)e	
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	$\boxtimes$			7	
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	$\boxtimes$				
	The facility does not use grand master keying systems.	$\boxtimes$				
	All worn or discarded keys and locks cut up and properly disposed of.				The armory officer is responsible for the disposal of worn or discarded keys and locks with the approval of the Chief of Security.	
12.	Padlocks and/or chains are not used on cell doors.	$\boxtimes$				
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 Manual, Chapter 3	$\boxtimes$				
	<ul> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>					

PART 2 – 10. KEY AND LOCK CONTROL						
Thi: mai	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	ΝΑ	Remarks	
	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	$\boxtimes$	:		The keyboard is sufficient to accommodate all facility key rings being used in the facility.	
15.	<ul> <li>Procedures in place to ensure that key rings are:</li> <li>Identifiable</li> <li>Numbers of keys on the ring are cited?</li> <li>Keys cannot be removed from issued key rings</li> </ul>	$\boxtimes$			Facility policy 9-3, Key Control, provides written procedure to address all bulleted items in this component.	
	Emergency keys are available for all areas of the facility.				Emergency keys are available for all areas of the facility. Emergency keys are maintained in the (b)(7)e	
17.	The facility uses a key accountability system.	$\boxtimes$			The facility uses a chit system for key accountability. Key inventories are also conducted every shift.	
18.	Authorization is necessary to issue any restricted key.				The facility has a written approval form for the approval to issue a restricted key.	
19.	<ul> <li>Individual gun lockers are provided.</li> <li>They are located in an area that permits constant officer observation.</li> <li>In an area that does not allow detainee or public access.</li> </ul>				Gun lockers are located outside of  (b)(6), (b)(7)c  (b)(7)e  are outside of the secure perimeter of the facility. Neither area is accessible to the public or detainees.	
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				Facility policy 9-3, Key Control, contains procedures to ensure key accountability. The keys are physically counted on each shift daily.	
21.	<ul> <li>All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</li> <li>Issued keys are returned immediately in the event an employee inadvertently carries a key ring home.</li> <li>When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified.</li> <li>Detainees are not permitted to handle keys assigned to staff.</li> </ul>	$\boxtimes$			Facility policy addresses these requirements.	

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	
<ol> <li>Locks and locking devices are continually inspected, maintained, and inventoried.</li> </ol>				The facility has a comprehensive preventive maintenance plan in place for the locks and locking devices.	
<ol> <li>Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.</li> </ol>	$\boxtimes$				
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	$\boxtimes$			The armory officer is the designated key control officer. He is authorized to add or remove keys from a ring with the approval of the Chief of Security.	
<ol><li>The splitting of key rings into separate rings is not authorized.</li></ol>	$\boxtimes$				
PART 2 – 10. KEY AI	ND LO	CK CONT	ROL		
	andard	I □ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.)  The facility has a comprehensive key control policy in place. All keys are inventoried three times a day, once on every shift. The armory officer in charge of key control has a comprehensive preventive maintenance program for the facility keys and locks. All preventive maintenance is documented and maintained in the Chief of Security's office. The issuance of a restricted key requires a written request approved by a shift supervisor. Emergency keys are maintained in three locations  (b)(7)e  (b)(6), (b)(7)c  / June 16  Reviewer's Signature / Da  (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 Standard	Does Not Meet Standard	N/A	Remarks
1.	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.	$\boxtimes$			The facility conducts six counts per day: 2:00 a.m., 4:00 a.m., 7:30 a.m. (stand-up count), 3:30 p.m., 8:30 p.m. (face-to-photo count) and 11:45 p.m.
2.	Activities cease or are strictly controlled while a formal count is being conducted.				The inspection team observed the 3:30 p.m. count. All activities ceased while the count was being conducted.
3.	There is a system for counting each detainee, including those who are outside the housing unit.	$\boxtimes$			The facility has an out count system in place.
4.	Formal counts in all units take place simultaneously.				Counts in all units take place simultaneously.
5.	Officers do not allow detainee participation in the count.	$\boxtimes$			
6.	A face-to-photo count follows each unsuccessful recount.	$\boxtimes$			
7.	Officers positively identify each detainee before counting him/her as present.	$\boxtimes$			
8.	Written procedures cover informal and emergency counts.	$\boxtimes$			Written procedures are included in facility policy regarding 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 out count record of all detainees temporarily out of the facility is maintained in the Receiving and Discharge area and in the Control Center.
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.				Training on count procedures is provided to staff during basic training.
<u> </u>	PART 2 – 11. POPU	JLATIC	ON COUNT	rs	
		andard	□ N/A	<b>L</b>	Repeat Finding

The facility conducts six formal counts per day. The 7:30 a.m. count is a stand up count requiring all detainees to be standing at the door of their cell. The 8:30 a.m. count is a face-to-photo count requiring the staff member taking the count to match the detainee with his/her photo.

The inspection team observed the 3:30 p.m. count. All detained movement ceased during the count, and counts were conducted simultaneously in all units. The main count is kept in the Receiving and Discharge control booth. All housing unit count sheets and out counts sheets were brought to the count center. The officer added all counts to match the master count. The count sheets are then checked by the supervising Captain. Once the accuracy of the count is verified, the supervising Captain clears the count.

(b)(6), (b)(7)c June 16

Reviewer's Signature / Da

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

PART 2 – 12. POST ORDERS  This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
1.	Every fixed post has a set of Post Orders.				All posts inspected, including housing units, the Control Center, and intake had post orders present.	
	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	$\boxtimes$			The facility's post orders are arranged in a six-part folder format.	
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	$\boxtimes$				
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	$\boxtimes$			The facility Quality Assurance Manager is responsible for keeping all Post Orders current.	
	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.				Post Orders are reviewed quarterly for possible updating.	
6.	The facility administrator authorizes all Post Order changes.	$\boxtimes$				
7.	The facility administrator has signed and dated the last page of every section.				The facility administrator reviews post orders annually and signs and dates the last page of every section.	
8.	A Post Orders master file is available to all staff.				Master files of post orders are available in the Quality Assurance Manager's Office and the Chief of Security's office. A master file is also available to all staff on the facility's computer system.	
	Procedures keep Post Orders and logbooks secure from detainees at all times.					
	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.					
	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	$\boxtimes$				
	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.	$\boxtimes$			All post orders reviewed had officer's signatures to document review of the post order.	
	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	$\boxtimes$				
	Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:  (b)(7)e				(b)(7)(e) address the bulleted items in this component.	

PART 2 – 12. F	POST	RDERS			
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
15. Post Orders for armed posts provide instructions for escape attempts.					
16. The Post Orders for housing units track the daily event schedule.					
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	$\boxtimes$			Detainee activity in the housing unit is recorded on the Daily Shift Report.	
PART 2 – 12. POST ORDERS					
PART 2 – 12. F	POST	RDERS	- 6.1 14.1		
PART 2 – 12. F	Total Bridge		· · · · · · · · · · · · · · · · · · ·	☐Repeat Finding	
	andard	N/A		-	
	andard erces us	sed, etc.)	re fami	liar with them. Post orders were signed	
Meets Standard Does Not Meet Standard Does Not Meet Standard Does Not Meet Standard Remarks: (Record significant facts, observations, other sou All posts reviewed during the inspection had post orders at the poby officers and are filed in a six-part folder format.	andard rces us st, and	sed, etc.) officers were	re fami	liar with them. Post orders were signed eeded, with the approval of the Warden	
Meets Standard Does Not Meet Standard Does Not Meet Standard Does Not Meet Standard Remarks: (Record significant facts, observations, other sout All posts reviewed during the inspection had post orders at the poby officers and are filed in a six-part folder format.  The Quality Assurance Manager reviews the post orders quarterly Master copies of all post orders are readily available to staff on the	andard erces us est, and o	sed, etc.) officers were	re fami	liar with them. Post orders were signed eeded, with the approval of the Warden em which is available at most posts	

This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There are written policy and procedures governing searches of housing areas, work areas and of detainees.				Facility policy 9-5, Searches of Inmates and Various Locations, addresses searches of housing areas, work areas, and detainees.
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.	$\boxtimes$			
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.				
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.				Detainees are routinely pat searched. A walk-through metal detector is used in the Receiving and Discharge area. Handheld metal detectors are used throughout the facility.
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.				
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.				The policy of the facility and CCA requires that the Vice President of Operations approve body cavity searches. If approved, policy provides that the searches be conducted by medical personnel.
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	$\boxtimes$			
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.				
10.	Canines are not used in the presence of detainees				Facility policy 9-11, Detection Canine Program, provides that canines will not be used in the presence of detainees. The facility does not have a canine unit.

	PART 2 – 13. SEARCHES OF	DETAINEES	
⊠ Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding

The facility meets the requirements of the PBNDS regarding Searches of Detainees. The facility has a well developed and comprehensive policy regarding searches of detainees. Strip searches are only conducted when reasonable suspicion has been established. All strip searches are logged subsequent to approval by a supervisor and ICE staff. Pat searches are routinely conducted and handheld metal detectors are used throughout the facility. Although the facility does not have a canine unit, facility policy does prohibit the use of canines in the presence of detainees.

(b)(6), (b)(7)c / June 16, Reviewer's Signature / D	
	(b)(6), (b)(7)c

	PART 2– 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION						
ar	This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	$\boxtimes$			Facility policy 14-2, Sexual Violence Prevention and Response, addresses this requirement.		
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.				The ICE Field Office Director approved the written policy and procedure in August of 2010		
3.	Tracking statistics and reports are readily available for review by the inspectors.				Sexual assault statistics are reported on the Significant Incident Summary worksheet and reports were readily available for review.		
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	$\boxtimes$			Pre-service and annual training is required for all staff. Staff training is documented in the Training Activity Enrollment/Attendance Rosters maintained by the Training Manager.		
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).				Detainees are informed about the program verbally upon admission, as written in the detainee handbook. Information is also posted in the housing units in both English and Spanish.		
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.				The Sexual Assault Awareness Notice is posted in all of the housing units.		
7. 	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)				The brochure, Preventing Sexual Abuse, is available in English and Spanish.		
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	$\boxtimes$			Detainees are screened during the admission process for a history of sexual victimization or predatory sexual abuse. This information is used in making housing decisions.		
	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	$\boxtimes$			There have been four incidents of sexual abuse or assault by a detainee on a detainee investigated in the past year.		
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	$\boxtimes$			There has been one incident of sexual abuse or assault by a staff member on a detainee investigated		

in the past year.

PART 2–14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION					
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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.				Facility policy 14-2 addresses this policy and procedure and describes the Sexual Abuse Response Team (SART).	
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.	$\boxtimes$			Facility policy 14-2 addresses this requirement. Staff conducts an investigation, makes a referral to medical and mental health staff, and reports to law enforcement.	
<ol> <li>When there is an alleged or proven sexual assault, the required notifications are promptly made.</li> </ol>	$\boxtimes$			Notification is made to the San Diego Sheriff's Department, to the ICE officer in charge, and to the Office of Inspector General.	
<ol> <li>Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.</li> </ol>	$\boxtimes$			Victims are referred to the local hospital emergency room for medical evaluation and follow up.	
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.				Records are maintained by the Sexual Assault Prevention Program Coordinator designated by the Warden.	
SEXUAL ABUSE AND ASSAULT P	REVEN	ITION AN	D INT	ERVENTION	
⊠ Meets Standard □ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) There were four ICE detainees on ICE detainee sexual assaults reported since the last review. A file review demonstrated that all four were investigated, and appropriate follow up and notifications were made, as per facility policy and the Prison Rape Elimination Act (PREA). All four allegations were found to be unsubstantiated.  There was one staff on ICE detainee sexual assault reported since the last review. A file review demonstrated that the allegation was investigated, and appropriate follow-up and notifications were made, as per facility policy and PREA. The allegation was ound to be unsubstantiated.  (b)(6), (b)(7)c / June 16, Reviewer's Signature / I					

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1 /NIX   6	5. SPECIAL MANAGEMENT UNITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Written policy and procedures are in place for special management units.	$\boxtimes$			Facility policy 10-100, Segregation Management, provides written procedures for the Segregation Unit.
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.				
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.	$\boxtimes$			No detainee is admitted to the SMU without first being taken to the medical department for assessment. The medical assessment is documented on a Report of Detainee Incident form that accompanies the detainee to the SMU.
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.				
	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.				The cells in the SMU are clean, well ventilated, and well lit. Detainees housed in the unit had no complaints about the unit.
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 facility SMU maintains a hard copy logbook to record pertinent information on detainees in the unit. The logbook is also used by supervisory staff and official visitors to record their visits to the unit.

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Components	Meets Standard	Does Not Meet Standard	WA	Remarks
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 Segregation Housing Record and a Segregation 30-Minute Check Sheet is maintained for each detainee in the SMU. Information including meals, recreation, visits, etc. is logged in the record. The Segregation Housing Record includes all information required by the component.
<ul> <li>10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record:</li> <li>The time and date of the visit, and</li> <li>Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</li> </ul>				
<ul> <li>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:</li> <li>In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.</li> <li>In CDFs and IGSA facilities form I-888 or a comparable form is used.</li> <li>In SPCs and CDFs:</li> <li>By the end of each shift, the special housing unit officer records: <ul> <li>Whether the detainee ate, showered, exercised, and took any medication, and</li> <li>Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc.</li> <li>When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift.</li> </ul> </li> </ul>				The facility Segregation Housing Record and Segregation 30-Minute Check Sheet are maintained on each detainee in the SMU.  The forms noted contain information on all detainee activity including meals, showers, recreation, meds etc.  Health Care visits are recorded in the SMU logbook and on the detainee Segregation Housing Record.
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.				Upon a detainee's release from the SMU, the entire housing unit record is forwarded to the Receiving and Discharge department for review and placement into the detainee's detention file.

		GEMENT	

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.				Facility policy 10-100, Segregation Management, includes property permitted by detainees in the SMU.
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation.  (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)				
15.	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).				Detainees in Administrative Segregation are not permitted to spend time outside of their cells to socialize, play board games etc. There are no TVs in the unit.
16.	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).				Checks are performed at 30-minute intervals and logged on the Segregation 30-Minute Check Sheet.
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	$\boxtimes$			Shift Supervisor visits are logged in the SMU logbook.
18.	The facility administrator (or designee) visits each SMU daily.	$\boxtimes$			
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them.  In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	$\boxtimes$			A health care professional visits the SMU every day. The medical visit is recorded on the detainees Segregation Housing Record and in the SMU logbook.
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	$\boxtimes$			
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.				Detainees are given the opportunity to shower five times per week when returning from the recreation yard.

<b>PART 2 - 15</b>	SPECIA	L MANAGEMENT	UNITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22.	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.				
23.	Detainees in an SMU may write and receive letters the same as the general population.	$\boxtimes$			Detainees in the SMU maintain the same correspondence privileges as general population.
24.	Detainees in an SMU ordinarily retain visiting privileges.				
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.				
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	⊠			
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	$\boxtimes$			Detainees are escorted to visits in restraints. However, the restraints are removed before the detainee's visitor enters the visiting area.
	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.	$\boxtimes$			
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	$\boxtimes$			Detainees in the SMU receive non- contact visits. If visits are denied there is a written report filed which includes the rationale for the denial.
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	$\boxtimes$			

	MANAGEMENT	

	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
	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.	$\boxtimes$			
32.	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	$\boxtimes$			The facility clergy visits the SMU on a regular basis. Detainees may also request visits by members of the clergy.
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.				
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.	$\boxtimes$			-
	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 SMU has its own law library for use by detainees. Additional legal material may be requested.
	Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	$\boxtimes$			
	<ul> <li>Any denial of access to the law library is always:</li> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security, and</li> <li>Fully documented in the SMU housing logbook.</li> <li>ICE/DRO is notified every time law library access is denied.</li> </ul>				Procedure is in place to address the bulleted items in the component. Staff interviewed informed this reviewer that there have been no denials of access to the law library in the SMU.
38.	Recreation for detainees in the SMU is separate from the general population.	$\boxtimes$			The SMU has its own outdoor recreation yard.

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.				Detainees receive at least one hour of outdoor recreation per day at least five days a week.
	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation.  When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.				
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	$\boxtimes$			Facility staff informed this reviewer that there has not been a case of a detainee being denied recreation privileges for longer than one week.
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.				

P	ART	2 –	15.	S	PECIAL	MANA	GEMENT	UNITS

	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
have gener special restriction calls ordinal free a Standocomp	arily, detainees in Administrative Segregation telephone access similar to detainees in the ral population, in a manner consistent with the al security and safety requirements of an SMU. nees in Disciplinary Segregation may be cted from using telephones to make general as part of the disciplinary process; however, arily, they are permitted to make direct and/or and legal calls as described in the Detention lard on Telephone Access, except for elling and documented reasons of safety, ity, and good order.				Detainees in administrative segregation are permitted the same phone privileges as general population detainees.  Detainees in disciplinary segregation are permitted one personal phone call every 30 days. They are permitted legal calls in the same manner as detainees in general population.
by a Admir make soon A cop hours secur If the states segre hearir The o detair releas on the super (An A for a o	arily, a written order is completed and approved supervisor before a detainee is placed in histrative Segregation. If exigent circumstances that impracticable, the order is prepared as as possible.  by of the order is given to the detainee within 24, unless delivery would jeopardize the safety, ity, or orderly operation of the facility.  begregation is for protective custody, the order of whether the detainee requested the gation and whether the detainee requests a ng.  broder remains on file in the SMU until the nee is released from the SMU, at which point the sing officer records the date and time of release to order and forwards it to the chief of security or visor for the detainee's detention file.  dministrative Segregation Order is not required detainee awaiting removal, release, or transfer 24 hours.)				The facility uses an Administrative Detention Order/72 Hour Pre-Hearing Review Form to place a detainee in administrative segregation. The form includes a reason for the placement and is authorized by the Shift Supervisor. The form remains in the detainee's file in the SMU and is put in the detainees detention file upon his/her release from the unit.

<b>PART 2 - 15. SPE</b>	CIA	١L	MAN	<b>IAGEME</b>	ENT UNIT	S

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	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.				Facility Policy 10-100, Segregation Management, provides written procedures for the regular reviews of detainees in Administrative Segregation.  An initial review of the detainee's placement in administrative segregation is conducted within 72 hours of placement in the SMU. This review is documented on the Facility Administrative Detention Order/72 Hour Pre-Hearing Review Form.  If the detainee spends seven days in Administrative Segregation, another review is completed. This review is documented on the Facility Confinement Review Form.  Reviews are conducted every week for the first 60 days and then every 30 days, thereafter.
	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.				Detainees are given copies of the review, and have the right to appeal.
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.				
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 administrator reviews all Confinement Review Forms.

PART 2 -	15. SP	<b>ECIAL</b>	MANAG	EMENT I	UNITS

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	$\boxtimes$			ICE staff maintains offices on site at the facility and receive copies of all reviews completed on detainees.
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.	$\boxtimes$			ICE staff is on site at the facility and communicate with facility staff regarding detainees housed in Administrative Segregation.
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	$\boxtimes$			
	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.				
54.	Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).				Before a detainee is placed in Disciplinary Segregation, a facility Institution Disciplinary Panel Report is completed and signed by
	The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.				the chair of the IDP. The detainee receives a copy of the order within 24 hours.
	When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.		1		When the detainee is released from SMU, the Disciplinary Segregation Order is forwarded for placement into the detainee's detention file.

1	PART 2 -	15. SPECIAL MANA	<b>GEMENT UNITS</b>

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.</li> </ol>				
A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).				Reviews of Disciplinary Segregation cases are conducted
At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.				every seven days and are documented on the Confinement Review Form. A copy of the form is given to the detainee.
The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.				The review documents are placed in the detainee's detention file upon his/her release from the SMU.
All review documents are placed in the detainee's detention file.				
PART 2 – 15. SPECIAL	MANA	GEMENT	UNIT	

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

The facility's SMU was clean and well maintained. Cells were clean and well lighted. Logs were present for staff and visitors to sign when entering the unit. A Detainee Segregation Housing Record and Segregation 30-Minute Check Sheet was present for each detainee outside of their respective cell. The logs contained all pertinent information on the detainee to include meals, showers, recreation, law library etc. Shift Supervisor and Medical Staff signatures were present on the documents. Detainee files contained all of the proper paperwork to include administrative or disciplinary segregation rationale, medical clearance for the unit, reviews conducted etc.

Detainees interviewed had few complaints. Staff interviewed was knowledgeable of the unit's operation. The staff was observed to be professional in carrying out their duties. All administrative reviews are being completed and documented in compliance with the standard.

Detainees do not get any additional recreation time from the required one hour, five days a week. There are no TVs or board games in the unit. Dayrooms are not used for detainee recreation.

If the need arises to place a female ICE detainee on either administrative or disciplinary segregation status, specific cells have been designated on the female housing unit for this purpose.

(b)(6), (b)(7)c	/ June 16, 201
Reviewer's Signa	ature / Date

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

PART 2 - 16	S. STA	FF-DET	AINEE C	:OMM	INIC	ATIO	N

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	NA	Remarks
The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.				The AFOD issued a memorandum dated September 22, 2010, which addresses weekly announced and unannounced visits by ICE staff. There are 64 ICE staff assigned to work at this facility.
Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	$\boxtimes$			Documentation of weekly visits by ICE staff was reviewed.
<ol><li>Scheduled visits are posted in ICE/DRO detainee housing areas.</li></ol>				
Visiting ICE staff observe and note current climate and conditions of confinement.		1		Climate is noted on the Facility Liaison Visit Checklist maintained by ICE staff.
<ol><li>ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.</li></ol>				Detainee Request Forms are available in the detainee housing areas.
<ol><li>The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.</li></ol>				
<ol> <li>A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.</li> </ol>				Each housing unit has an accessible secure box for Detainee Request Forms. Only ICE staff has a key to this box.
<ol> <li>Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,</li> </ol>				
<ol> <li>ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.</li> </ol>				
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.				This information is contained in the facility's handbook.
<ol> <li>OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.</li> </ol>				The OIG Hotline Informational Posters were observed posted throughout the facility including all housing areas.
<ol> <li>Daily telephone serviceability checks are documented in the housing unit logbook.</li> </ol>				
PART 2 – 16. STAFF-DET	AINEE	COMMUN	IICAT	ION

⊠ Meets Standard	□ Does Not Meet Standard	□ N/A	☐Repeat Finding

The AFOD issued a memorandum dated September 22, 2010, which addresses weekly announced and unannounced visits. There are 64 ICE staff assigned to work at this facility. A review of files found the weekly visits are documented and maintained in the ICE office. OIG Hotline Informational Posters were observed posted in the facility and in all housing areas. The facility meets the requirements of the PBNDS regarding Staff-Detainee Communication.

(b)(6), (b)(7)c / June	16 2011
Reviewer's Signature	
	(b)(6), (b)(7)c

			<b>ITROL</b>

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
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The facility's Chief of Security is responsible for developing a tool control procedure and an inspection system to ensure accountability.
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport 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.				(b)(7)e
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	$\boxtimes$			The use of tools, keys, medical equipment, and culinary equipment is controlled. All tools in the noted areas are inventoried. Where feasible, tools are placed on shadow boards. Inventories of all tools are conducted monthly and quarterly by the tool control officer.
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.				Plastic photo chits are used by facility staff to obtain tools.
5.	Tool inventories are required for:  • Facility Maintenance Department  • Medical Department  • Food Service Department  • Electronics Shop  • Recreation Department  • Armory	$\boxtimes$			Tool inventories are maintained for all bulleted areas except the electronics shop. The facility does not have an electronics shop.
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	$\boxtimes$			Tool inventories are posted on all tool boards and inside of all tool kits.
7.	<ul> <li>The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>	$\boxtimes$			Each respective area performs a tool inventory at least daily. The tool control officer conducts tool inventories of the entire facility monthly and quarterly. Facility policy 9-8, Control of Tools and Equipment, provides written procedures for tool inventories.

	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.

	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).				Facility tools are classified as Class A Tools, (restricted, dangerous/hazardous) and Class B Tools, (non-restricted, non-hazardous).
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	$\boxtimes$			
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.				Facility policy 9-8, Control of Tools and Equipment, provides written procedures to ensure tools are properly marked and identifiable.
11.	<ul> <li>The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Tools are stored on shadow boards in which the shadows resemble the tool.</li> <li>Shadow boards have a white background.</li> <li>Restricted tools are shadowed in red.</li> <li>Non-restricted tools are shadowed in black.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.</li> </ul>				
12.	Tools removed from service have their shadows removed from shadow boards.	$\boxtimes$			
	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.	$\boxtimes$			-
15.	Each facility has procedures for the issuance of tools to staff and detainees.	$\boxtimes$			
	<ul> <li>There are policies and procedures to address the issue of lost tools. The policy and procedures include:</li> <li>Verbal and written notification.</li> <li>Procedures for detainee access.</li> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>				The facility has a Tool Disposition Report on which to address lost tools. Policy 9-8, Control of Tools and Equipment, includes procedures to address the bulleted items in the component.
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	$\boxtimes$			The Tool Disposition Report is used to track the disposal of worn out tools.

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.					
Components	Meets Standard	Does Not Meet Standard	NA NA	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.					
<ol> <li>Hoses longer than three feet in length are classified as a restricted tool.</li> </ol>				All hoses are properly secured in the maintenance shop.	
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.					
PART 2-17. TOOL CONTROL					
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					
Pamarks: (Pacard significant facts, observations, other sources used, etc.)					

The Chief of Security is responsible for developing a tool control procedure and inspection system to ensure accountability. The facility tool control system was comprehensive. Shadow boards are used when possible. Inventories for all tools were visible and accurate. The facility uses a photo chit which is to put on the shadow board when a tool is being used. In addition to the chit, all tools being used are logged for accountability. Tool inventories accompany all tools brought into the facility by maintenance staff.

Facility-wide tool inventories were conducted monthly and quarterly by the tool control officer and the Chief of Security. Facility policy gave clear written procedures to address lost, damaged and worn out tools. All tools were properly etched and color-coded for identification at the time of the inspection.

(b)(6), (b)(7)c / June 16, Reviewer's Signature / Dat	
	(b)(6), (b)(7)c

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
and all the control of the control o	e in a promotive for a co

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.				Facility policy 9-1, Use of Force, addresses this requirement.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	$\boxtimes$			
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.				
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.				
<b>5</b> . ●	The facility subscribes to the prescribed Confrontation Avoidance Procedures.  Ranking detention official, health professional, and others confer before every calculated use of force.	$\boxtimes$			Staff is trained in Confrontation Avoidance Procedures. Prior to a calculated use of force, staff as identified in this component confer.
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.				
7.	<ul> <li>Under staff supervision.</li> <li>Staff members are trained in the performance of the Use-of-Force Team Technique.</li> </ul>				All staff is trained in the Use of Force Team Technique.
8.	All use-of-force incidents are documented and reviewed.				All use of force incidents are documented and reviewed by the Chief of Security, Health Service Administrator, Assistant Administrator and the Facility Administrator.
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.	$\boxtimes$			The facility uses an Incident Report 5-1A Packet Checklist to ensure all proper documentation is completed and forwarded for review. All calculated use of force incidents are videotaped.

	OF FORCE	

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
<ul> <li>10. Staff:</li> <li>Does not use force as punishment.</li> <li>Attempts to gain the detainee's voluntary cooperation before resorting to force</li> <li>Uses only as much force as necessary to control the detainee.</li> <li>Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.</li> <li>11. Medication may only be used for restraint purposes when authorized by the Medical Authority as</li> </ul>				Although the facility has a policy in place to comply with the
medically necessary.				component, medication for restraint purposes is not used.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				Facility policy 9-1, Use of Force, provides written procedures on Use of Force teams to include taking necessary precautions to prevent injury and exposure to communicable disease. This includes not permitting staff members with a skin disease or skin injury to participate in a calculated use-of-force situation.
<ul> <li>13. Standard procedures associated with using four/five point restraints include:</li> <li>Soft (nylon/leather) restraints.</li> <li>Dressing the detainee appropriately for the temperature.</li> <li>A bed, mattress, and blanket/sheet.</li> <li>Checking the detainee at least every 15 minutes.</li> <li>Logging each check.</li> <li>Repositioning detainee often enough to prevent soreness or stiffness.</li> <li>Medical evaluation of the restrained detainee twice per eight-hour shift.</li> <li>When qualified medical staff are not immediately available, staff position the detainee "face-up."</li> </ul>				The facility policy addresses the use (b)(7)(E)
<ul><li>14. The shift supervisor monitors the detainee's position/condition every two hours.</li><li>He/she allows the detainee to use the restroom at these times under safeguards.</li></ul>	$\boxtimes$			
15. All detainee checks are logged.	$\boxtimes$			

#### PART 2 - 18. USE OF FORCE AND RESTRAINTS

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>In immediate-use-of-force situations, officers contamedical staff once the detainee is under control.</li> </ol>				The detainee involved in the use of force is immediately brought to the medical department for assessment.
<ol> <li>When the Facility Administrator authorizes use of non-lethal weapons:</li> </ol>				
<ul> <li>Medical staff are consulted before staff us pepper spray/non-lethal weapons.</li> </ul>				
<ul> <li>Medical staff reviews the detainee's medical fill before use of a non-lethal weapon is authorized</li> </ul>				
<ol> <li>Intermediate Force Weapons, when not in use ar stored in areas where access is limited to authorize personnel and to which detainees have no access.</li> </ol>	d 🗵			(b)(7)(E) (b)(6), (b)(7)c (b)(7)e
<ol> <li>If Intermediate Force Weapons are stored in th Special Management Unit (SMU), they are stored an maintained the same as Class R tools.</li> </ol>				(b)(7)e
20. Special precautions are taken when restrainin pregnant detainees.	g 🗵			
<ul> <li>Medical personnel are consulted</li> <li>21. Protective gear is worn when restraining detainee</li> </ul>	s			
with open cuts or wounds.				
<ol> <li>Staff document every use of force, including what type of restraints was used during the incident.</li> </ol>				All information is documented on the Use of Force Form.
<ol> <li>It is standard practice to review any use of force an the non-routine application of restraints.</li> </ol>	d			Any use of force is reviewed by the Chief of Security, Health Services Administrator (HSA), Assistant Administrator, and the facility Administrator.
24. All officers receive training in self-defense confrontation-avoidance techniques and the use of force to control detainees.	of			All staff receives training in self- defense, confrontation avoidance and the use of force during basic training and during annual training.
<ul> <li>Specialized training is given to officers ensurin they are certified in all devices approved for use</li> </ul>				Specialized training is provided to ensure officers are certified in the use of approved devices.
25. All staff authorized to use OC spray receive trainin 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.	of			
<ol> <li>The use of canines is restricted to contraban detection purposes only.</li> </ol>			$\boxtimes$	The facility does not have a canine unit and does not use canines for any purpose.
<ol> <li>The officers are thoroughly trained in the use of so and hard restraints.</li> </ol>	ft 🛮			

PART 2 – 18. USE OF FO	DOE A	ND DECT	DAIN!		
This Detention Standard authorizes staff to use necessaresolve a situation have failed, and only for protection of seproperty damage, or to maintain the security and orderly of	ry phys	ical force, inees, or o	after thers,	all reasonable efforts to otherwise	
Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
28. In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.				The facility uses a Use of Force Form to document all use of force incidents.	
PART 2 – 18. USE OF FO	RCE A	ND REST	RAIN		
⊠ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Facility policy 9-1, Use of Force, is comprehensive. Staff is trained to use confrontation avoidance procedures to prevent use of force if possible. All staff is trained in self-defense, confrontation avoidance, and use of force team technique.  Facility policy ensures that all precautions are taken to prevent injury or exposure to communicable diseases by staff involved in a use of force incident.  All use of force incidents are documented on the Facility Use of Force Form and are reviewed by the Chief of Security, Health Services Administrator, Assistant Administrator and the facility Administrator to ensure compliance with facility policy and the standard.  The Chief of Security maintains files on all use of force incidents.					
(b)(	7)(E)				

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

# **Section III ORDER**

19 Disciplinary System

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	DISCIDI INIADV SVSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.				Facility policy 15-100, Detainee Discipline, provides for a disciplinary system using progressive levels of reviews and appeals.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	$\boxtimes$			,
4.	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  The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The rules of conduct, sanctions, and procedures for violations are communicated in writing to the detainees via the detainee handbook
				:	and are explained verbally in the orientation video.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:  Rights and Responsibilities  Prohibited Acts  Disciplinary Severity Scale  Sanctions	$\boxtimes$			All bulleted items in the component are posted in Spanish, English, and Mandarin Chinese in all housing units.
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.				
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	$\boxtimes$			Incident Reports are forwarded to the shift supervisor for review and signature.

<b>PART 3 – 1</b>	9. DISCIPLINARY	SYSTEM

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This Detention Standard promotes a safe				to compay
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with facility rules and regulations and im-	anning dianialiana .		المناه والمناه المناه	
wiiii iaciiny luies and reduladous add ion	mismic discuminary s:	anctions to control toe be	anavior of those who d	זה מחחד

			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	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.	$\boxtimes$			The Unit Disciplinary Committee is used to adjudicate minor infractions.			
	<ul> <li>A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:</li> <li>Conducts hearings on all charges and allegations referred by the UDC</li> </ul>							
	<ul> <li>Considers written reports, statements, physical evidence, and oral testimony</li> <li>Hears pleadings by detainee and staff representative</li> </ul>						<u> </u>	The chairperson of the Incident Disciplinary Panel stated that all of the bulleted items in the component are taken in to consideration to adjudicate infractions.
,	<ul> <li>Bases its findings on the preponderance of evidence</li> <li>Imposes only authorized sanctions</li> </ul>							
	A staff representative is available if requested for a detainee facing a disciplinary hearing							
(	The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	$\boxtimes$						
,   	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.				Sixty days is the maximum sanction for any single offense.			
(	Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	$\boxtimes$			Written procedures for the handling of confidential sources of information is included in facility policy.			
(	All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	$\boxtimes$						
	PART 3 – 19. DISCI	PLINA	RY SYSTE	M				
	☑ Meets Standard   □ Does Not Meet Standard   □ N/A   □ Repeat Finding							

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

Facility policy affords detainees due process and the right to appeal disciplinary actions. A review of facility disciplinary hearings reports indicated facility policy was being followed. There is a system in place to adjudicate minor infractions on the housing unit. Detainees interviewed in the SMU were aware of the appeal process. Overall, the facility complies with the PBNDS regarding the Disciplinary System.

(b)(6), (b)(7)c June 16, 2011

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

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

## **Section IV CARE**

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

	PART 4 – 20. FOOD SERVICE  This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented					
In	a sanitary and hygienic food service operation.  Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.				The Food Service Administrator (FSA) has over 30 years experience and is ServSafe certified. Job responsibilities and position descriptions are on file for all civilian staff.	
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	$\boxtimes$			The Assistant FSAs are on duty when the FSA is off duty.	
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard					
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 not utilized at this facility. Food service utensils are kept in a cabinet with an approved locking device. The correctional officer assigned to the kitchen maintains control of the key. All utensils are inventoried for security and control purposes.	
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	×			Although this facility does not utilize knives, staff monitors the condition of dining utensils for replacement as needed. In addition, tools such as dough cutters and large stirring paddles are tethered and locked when in use.	
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.					
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.					
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.				All staff and detainees assigned to the kitchen are medically screened and cleared before being allowed to work in this area. All individuals are monitored for health and cleanliness by food service staff. Staff and detainees were observed to be in clean uniforms. Daily hygiene checks of kitchen workers is conducted and documented.	

PART 4 – 20. FOOD SERVICE					
This Detent in a sanitary	ion Standard ensures that detainees are provid	ed a nut	ritionally ba	alanced	d diet that is prepared and presented
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	A annually reviews detainee-volunteer job- tions to ensure they are accurate and up-to-				
assigne procedu	ook Foreman or equivalent instructs newly d detainee workers in the rules and ures of the food service department.	$\boxtimes$			
Supervi	orientation and training session(s), the Cook sor (CS) explains and demonstrates:			:	
Safe equipment	e work practices and methods.  ety features of individual products/ pieces of ipment.  Ining covers the safe handling of hazardous				
mat thei	erial[s] the detainee are likely to encounter in r work.				
individu	ook Foreman documents all training in al detainee detention files.	$\boxtimes$			
with th Detaine	es at SPCs and CDFs are paid in accordance e "Voluntary Work Program" standard. e workers at IGSAs are subject to local and les and regulations regarding detainee pay.				Detainees are paid in accordance with the Voluntary Work Program standard. Detainees assigned to the kitchen receive one dollar a day.
day. No	es are served at least two hot meals every more than 14 hours elapse between the last rved and the first meal of the following day.	$\boxtimes$			
	eteria-style operations, a transparent "sneeze protects both the serving line and salad bar				The facility does not utilize cafeteria-style feeding. All meals are delivered via satellite feeding trays.
use a 35	lity has a standard 35-day menu cycle. IGSAs day or similar system for rotating meals.				
complet Recomr annually FSA. Th incorpor necessa the nutri The me	ATORY) A registered dietitian shall conduct a enutritional analysis that meets U.S. nended Daily Allowances (RDA), at least of every master-cycle menu planned by the ne dietitian must certify menus before they are ated into the food service program. If ary, the FSA shall modify the menu in light of tional analysis to ensure nutritional adequacy. The number of the total dietician in that event.				Documentation is on file indicating that all menus, including regular, religious, and common-fare menus, have been analyzed and certified by a Registered Dietitian.
items or	A has established procedures to ensure that in the master-cycle menu are prepared and ed according to approved recipes.				The Canteen Corporation has established recipes that are utilized in its food service operations.

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
20. The Cook Foreman has the authority to change menu items if necessary.		<u></u>		<u> Marie en de la vellace destroit II. (1955 - 1955)</u>		
<ul> <li>If yes, documenting each substitution, along with its justification, with copy to the FSA</li> </ul>						
<ol><li>All staff and volunteers know and adhere to written "food preparation" procedures.</li></ol>	$\boxtimes$					
<ul> <li>22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.</li> <li>Changes to the planned Common Fare menu can be made at the facility level.</li> <li>Hot entrees are offered three times a week.</li> <li>The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).</li> <li>Staff routinely provide hot water for instant beverages and foods.</li> <li>Common Fare meals are served with: <ul> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.</li> </ul>				Facility Policy 11-100, Food Service Operations, establishes guidelines regarding the Common-Fare menu. Common-Fare meals are available at no cost to detainees. The menus provide a nutritionally adequate alternative to the regular menu. A hot entrée alternative is available three times a week. Changes to the menu, if needed, can be made by the facility. Hot water is available to detainees. Meals are served using disposable plates and utensils. Separate cutting boards and utensils are available for preparation of Common-Fare items.		
<ol> <li>Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.</li> </ol>						
<ol> <li>A supervisor at the command level must approve a detainee's removal from the Common Fare Program.</li> </ol>						
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.						
<ul> <li>26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> <li>Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate.</li> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> <li>27. The food service program addresses medical diets.</li> </ul>				Interviews with staff and detainees indicate that accommodations are made for detainees abstaining from particular foods or fasting for religious purposes.		
27. The root service program addresses medical diets.						

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
Components	Meets Standard	Does Not Meet Standard	NA	Remarks	
28. Satellite-feeding programs follow guidelines for proper sanitation.				<u> 1986 yan Ban SALDia Kitan Jedin Jaba</u>	
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.				Temperatures of food were taken during the inspection and found to be within the appropriate safe range.	
30. All meals provided in nutritionally adequate portions.				The nutritional analysis indicated that all meals are provided in nutritionally adequate portions.	
<ol> <li>Food is not used to punish or reward detainees based upon behavior.</li> </ol>					
<ul> <li>32. The food service staff instruct detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food, and;</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>					
33. Everyone working in the food service department complies with food safety and sanitation requirements.	$\boxtimes$				
34. <b>(MANDATORY)</b> The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.				Facility policy 11-100, Food Service Operations, provides guidelines and procedures regarding day to day activities of the food service department. The facility's policy dictates that all areas of food service be inspected on a weekly basis. Documentation is on file indicating that inspections are being conducted by the FSA, Fire Safety Manger, and Public Health Service staff. The facility is also inspected by the San Diego County Health Department.	
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.					
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	$\boxtimes$			Documentation on file indicates that temperatures and sanitizing test strip indicators are recorded during and after each meal. The facility utilizes chemical sanitizing in place of hot water sanitizing. Test strips indicated that the recommended 100 ppm is being maintained in the final rinse stage of ware washing.	

	PART 4 – 20. FOOD SERVICE							
Th in:	is Detention Standard ensures that detainees are provide a sanitary and hygienic food service operation.	ed a nut	ritionally ba	alance	d diet that is prepared and presented			
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
37.	(MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	$\boxtimes$			Refrigerator and freezer checks are documented two times daily. Documentation on hand indicates that temperatures recorded fall within the acceptable range.			
38.	The cleaning schedule for each food service area is conspicuously posted.	$\boxtimes$						
39.	Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	$\boxtimes$						
40.	Storage areas are locked when not in use.	$\boxtimes$						
41.	Food service personnel conduct shakedowns along with detention staff.							
42.	In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.				ICE officers are not required to participate in dining room supervision in a CDF. The facility utilizes a satellite feeding operation. There are no dining rooms.			
43.	Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	$\boxtimes$						
44.	In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.				Quarterly cost estimates are not required for the Common-Fare Program in a CDF. This facility does not prepare cost estimates.			
45.	When required, only food service staff prepare the sack lunches for detainee transportation.							
46.	Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	$\boxtimes$						
47.	Staff comply with the ICE requirements for "food receipt and storage.	$\boxtimes$						
48.	Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	$\boxtimes$						
49.	Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	$\boxtimes$						
50.	Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	$\boxtimes$			Although the facility does not have a centralized dining room, sufficient space and time is provided for detainees to eat meals in the housing units			

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	NA	Remarks		
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.	$\boxtimes$			The County of San Diego Department of Environmental Health conducted an inspection on June 3, 2011.		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.						
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.						
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	$\boxtimes$			The facility maintains a contract service agreement with Eco Lab to conduct pest control maintenance.		
FOODS	ERVIC	E				
☑ Meets Standard   □ Does Not Meet Standard   □ N/A    □Repeat Finding						

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

The food service program is provided through a contract with Canteen Corporation. A newly assigned Food Service Administrator (FSA) oversees the program. The meals were observed to be prepared, plated, and served within the proper time and temperature requirements. All menus have been nutritionally analyzed, certified, and approved by a registered dietitian. Interviews with detainees indicate a high level of acceptance of the meals.

Sanitation levels were observed to be maintained at a high level during the inspection. Sanitation inspections are being conducted on a routine basis by the facility Safety Manager, Medical Department, FSA, and the San Diego Department of Environmental Health. Both civilian staff and detainees were observed to be dressed neatly and appropriately. All staff and detainee workers were observed to be following a clean as you go policy. Documentation on file indicates that all staff and detainees are medically screened prior to working in the food service department. Daily personal hygiene checks were observed being conducted.

All meals are provided via a satellite feeding operation. The facility does not have cafeteria-style feeding. There is sufficient space available for meals to be served in the housing units. Adequate time was observed to be provided to detainees to consume their meals in the least restrictive fashion.

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PART 4 -	21. HUNGER	<b>STRIKES</b>

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	NA	Remarks
	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.	$\boxtimes$			A detainee is considered to be on a hunger strike when he/she does not eat for 72 hours. A referral is made to the medical department.
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.				The Health Services Administrator (HSA) notifies the local ICE agent.
	The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			The procedure requires staff to refer the hunger striker to the medical department for evaluation and possible treatment.
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	$\boxtimes$			SOP 8.14, Hunger Strike/Force Feeding, describes this policy and procedure. The hunger striker is placed in a single occupancy observation room.
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				Medical personnel may place a detainee in a single occupancy observation room.
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	$\boxtimes$			Medical staff records the weight, twice-per-day vital signs, skin turgor, mucous membrane examination, and complaints of weakness and dizziness.
	The facility medical authority obtains a hunger striker's consent before medical treatment.	$\boxtimes$			All physical and mental examinations, treatments, and other medical procedures require the informed consent of the detainee.
	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 local guideline, Refusal of Medical Treatment, addresses this component. Detainees who refuse treatment are required to sign a refusal of treatment form.
	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 verbally offered meal and document those meal offers.	$\boxtimes$			Three meals per day are provided to a hunger-striking detainee.
10.	Staff maintain the hunger striker's supply of drinking water/other beverages.	$\boxtimes$			An adequate supply of water and other beverages is provided.
11.	During a hunger strike, staff remove all food items from the hunger striker's living area.	$\boxtimes$			Staff removes all food items not authorized by the physician.
	Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	$\boxtimes$			Staff record food and fluid intake on a daily basis.
13.	The medical staff have written procedures for treating hunger strikers.	$\boxtimes$			SOP 8.14, Hunger Strike/Force Feeding, addresses this requirement.

PART 4 – 21. HU	INGER	STRIKES					
This Detention Standard protects detainees' health and we treating any detainee who is on a hunger strike.	This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
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.				Medical staff explains medical risks and documents treatment efforts in the medical record.			
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.				All staff is trained initially and annually to recognize signs of a hunger strike and on procedures for referral for medical assessment.  Training is also provided on the correct procedures for managing a detainee on a hunger strike.  Medical staff receive additional training.			
PART 4 – 21. HU	NGER	STRIKES					
⊠ Meets Standard   □ Does Not Meet St	andard	□ N/A	١	☐Repeat Finding			
Remarks: (Record significant facts, observations, other sources used, etc.) There have been no reported detainee hunger strikes at the facility since the last review.							
The policy and procedures on hunger strikes are comprehensive. Facility training of staff is documented in the Training Activity Enrollment/Attendance Roster, as reviewed by this inspector. Documentation was also reviewed that noted additional medical training is documented individually by name and date of training.							
(b)(6), (b)(7)c June 16, 2  Reviewer's Signature / D  (b)(6), (b)(7)c							

	PART 4 – 22. MEDICAL CARE						
Thi pre	s Detention Standard ensures that detainees have a vention and health education, so that their health care	access needs	to a conti are met in	nuum a time	of health care services, including ly and efficient manner.		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.				The facility operates a health care facility in compliance with state of California and local laws and guidelines. The facility is accredited by the National Commission on Correctional Health Care (NCCHC), by the American Correctional Association (ACA), and by the Joint Commission (formerly JCAHO).		
2.	The facility's in-processing procedures of arriving detainees include medical screening.				A medical local operating procedure, Intake Screening, addresses this component. The screening is conducted by Public Health Services staff.		
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.				Staffing includes (b)(7) Health Services Administrator (HSA)(b)(7)e assistant HSA(b)(7) nurse manager, (b)(7) administrative assistant (b)(7)e medical records clerks(b)(7)e registered nurses(b)(7) Hicensed vocational nurses(b)(7) Hypharmacists, (b)(7) pharmacy assistant (b)(7)e dentists(b)(7) dental assistants, (b)(7)e physicians, (b)(7) mid-level practitioners(b)(7) medical assistants(b)(7) psychiatrist(b)(7)e psychologists, and (b)(7) Hicensed clinical social worker.		
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	$\boxtimes$		144 444	Newly admitted detainees are informed orally and in writing during the admission process on how to access health services. This information is also available in the detainee handbook available in English, Spanish, and Mandarin Chinese.		
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				Medical, dental, and mental health services are available 24 hours per day.		
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.				New direct care staff receive tuberculosis (TB) testing on hire and periodically thereafter. At the time of the inspection, periodic TB		

testing was being offered to

employees.

	L <b>– 22</b>	MEDIC	
			AL CARE

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

	Components	Meets Standard	Does Not Meet Standard	A'N	Remarks
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 employee personnel records documented current licensure and credentialing.
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).	$\boxtimes$			Each detainee is provided a handbook during admission, available in English, Spanish, and Mandarin Chinese or a language they can understand, in which the process to access health care services is described.
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	$\boxtimes$			A review of employee personnel records documented credentialing complying with NCCHC and Joint Commission standards. The facility is accredited by the NCCHC and the Joint Commission.
10.	<ul> <li>Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function.</li> <li>When screening is performed by a detention officer, the facility maintains documentation of the officer's special training.</li> </ul>				Upon arrival, all newly admitted detainees receive a medical, dental, and mental health screen provided by nursing personnel.
11.	health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	$\boxtimes$			The AT&T translation line is used for translating purposes.
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	$\boxtimes$			The facility has sufficient space and equipment.
	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				The health services unit (HSU) is a restricted access area, located within the confines of the secure perimeter.
14.	The medical facility entrance includes a holding/waiting room.	$\boxtimes$			There are three holding rooms.
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	$\boxtimes$			The holding rooms are under the direct supervision of custodial staff.
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	$\boxtimes$			There is a sink and toilet in each of the holding rooms.

22. MEDICAL	

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

17.	Components  Medical records are kept apart from other files. They	Meets Standard	Does Not Meet Standard	N/A	Remarks
	<ul> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>				The facility uses an electronic medical record (EMR). Paper records are scanned into the EMR. Access is restricted to medical personnel.
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	$\boxtimes$			A signed and dated consent form is obtained from detainees upon admission, as documented in the EMR.
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				Detainees may request the release of confidential medical records in writing on Freedom of Information form (GS-639).
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				Local guidelines, Detainee Release or Transfer, require advance notice prior to the release of detainees.
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				A transfer summary is prepared and transferred with detainees.
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."				Medical records are placed in a sealed envelope, labeled with the detainee name and A-number, and labeled "MEDICAL CONFIDENTIAL."
	Medical screening includes a Tuberculosis (TB) test.	$\boxtimes$			All detainees receive a chest x-ray upon admission, with results returned within four hours.
24.	<ul> <li>All detainees receive a mental-health screening upon arrival. It is conducted:</li> <li>By a health care provider or specially trained officer;</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>	$\boxtimes$			All detainees receive a mental health screening upon arrival, conducted by nursing personnel, before assignment to a housing unit.
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	$\boxtimes$			All intake screens are reviewed by a registered nurse.
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.				Each detainee receives a health appraisal and physical examination within 14 days of arrival.

PART 4 -	· 22. MED	ICA	L CAF	₹E			

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner. Meets Standard Does Not Meet Standard Components Remarks 27. Detainees in the Special Management Unit have Detainees in the Special access to the same level of health care as detainees Management Unit have at least  $\boxtimes$ in the general population. daily access to health care via rounds made by nursing personnel. 28. Staff provide detainees with health- services (sick A medical local operating call) request slips daily, upon request. procedure (LOP), Sick Call Process, describes the sick call procedure. • Request slips are available in the languages other Detainees sign up for sick call on a than English, including every language spoken by a sizeable number of the facility's detainee form which is received by nursing X П population. personnel daily. They are triaged by nurses and seen for sick call on Service-request slips are delivered in a timely the housing unit either the same or fashion to the health care provider. next day. Should it be necessary, detainees are referred to a higher level practitioner. (MANDATORY) The facility has a written plan for the The Emergency Preparedness delivery of 24-hour emergency health care when no Management Plan describes the medical personnel are on duty at the facility, or when procedure for delivery of 24-hour  $\boxtimes$ П immediate outside medical attention is required. emergency health care. Medical personnel are on site 24 hours per day, seven days per week. 30. The plan includes an on-call provider. A physician is on call 24 hours per  $\boxtimes$ day, seven days per week. 31. The plan includes a list of telephone numbers for 911 is used for emergency local ambulances and hospital services. ambulances and there is a list of  $\boxtimes$ local hospitals with telephone numbers. 32. The plan includes procedures for facility staff to utilize Treatment is provided in this emergency health care consistent with security accordance to safety guideline.  $\boxtimes$ П and safety. Safety and security is provided by CCA personnel. 33. (MANDATORY) Detention and health care personnel All staff is trained during will be trained, at least annually, to respond to healthorientation and annually on how to related situations within four minutes and to properly respond to emergencies within a use first aid kits, available in designated areas. four minute response time. Training is documented in the Training Activity Enrollment/ X Attendance Roster. In addition, CPR certification is contained in employee personnel records. This inspector reviewed 15 "Man Down Drills" in which the response time

Where staff are used to distribute medication, a

health care provider properly trains these officers.

was one to two minutes.

distribute medications.

 $\boxtimes$ 

Correctional staff does not

TL	PART 4 – 22. N	(4) 5 (2) (1) (2)			
	s Detention Standard ensures that detainees have a vention and health education, so that their health care				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				Prescription and non-prescription medications are stored, inventoried, dispensed, and administered with sound standards consistent with the facility needs for safety and security. A review of the inventory of controlled substances was conducted with the pharmacist and found to be correct.
	<ul> <li>(MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include:</li> <li>A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.</li> <li>A method for obtaining medicines not on the formulary.</li> <li>Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed.</li> <li>Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.</li> <li>Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.</li> </ul>				DIHS policy and procedure, Chapter 11, Pharmacy, describes the management of pharmaceuticals to include: use of the DIHS formulary; a method to request non- formulary medications, prescribing medications only when clinically necessary; ordering, receiving, storing, distributing, and disposing of medications; and the secure storage and perpetual inventory of all controlled substances, syringes, and needles. A count of needles and sharps was conducted with nursing staff and found to be correct.
37.	<ul> <li>All pharmaceuticals are stored in a secure area with the following features:</li> <li>A secure perimeter;</li> <li>Access limited to authorized medical staff (never detainees);</li> </ul>	$\boxtimes$			Pharmaceuticals are stored in the pharmacy which has a secure perimeter; has access limited to the pharmacist, the assistant pharmacist, and the physician; has solid walls from floor to ceiling made of

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.

concrete blocks with a solid ceiling

under the drop down ceiling; a high

security lock on a solid door; and secure medication storage areas in

the room.

PART 4 – 22. MEDICAL CARE								
This Detention Standard ensures that detainees have a prevention and health education, so that their health care								
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
<ul> <li>38. In SPCs and CDFs, the pharmacy has a locking pass-through window.</li> <li>Administration and management in accordance with state and federal law.</li> <li>Supervision by properly licensed personnel.</li> <li>Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent.</li> <li>Accountability for administering or distributing medications in a timely manner and according to physician orders.</li> </ul>				This facility does not have a locking pass-through window in the pharmacy. It should be noted, however, that medications are distributed on the individual units by nursing staff. The pharmacy is administered by a pharmacist who supervises the assistant pharmacist. Licensed nursing personnel distribute medications, as per physician order, and document distribution on medication administration records (MARs).				
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.				Nurses document medication administration on MARs.				
<ul> <li>40. Medication may not be delivered or administered by detainees.</li> <li>In facilities that are medically staffed 24 hours a day, the health care provider distributes medication.</li> <li>In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty.</li> <li>41. The facility maintains documentation of the training</li> </ul>				The facility is staffed 24 hours per day with health care staff. Only medical personnel distribute medications.				
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.				Only medical staff distributes medications.				
42. The Warden/Facility receives notification that a detainee that has special medical needs.				The Warden is notified of a detainee with special needs via the				

 $\boxtimes$ 

43. Procedures are in place, consistent with the detention

service providers and experts.

standard, for examinations by independent medical

DIHS 819, Special Needs Form. Local procedure 2.7, Medical

Requests by Outside Interests,

addresses this requirement.

PART				

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

Pio	vention and health education, so that their health care			a ume	ay and emicient manner.	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
44.	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 DIHS Infection Control Manual describes the plan that addresses the management of infectious and communicable diseases. The plan includes: coordination with public health authorities and other agencies; training and education; infection control; confidentiality; media relations; management of prevalent infectious diseases, e.g., HIV, hepatitis c, TB; and reporting and coordinating with other agencies.	
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	$\boxtimes$			Detainees with communicable diseases are isolated as is clinically appropriate.	
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.	$\boxtimes$			All new detainees receive a chest x-ray for TB testing. Results are received in less than four hours. Detainees do not enter general population until the TB results are known.	
	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.	$\boxtimes$			Although the facility has six negative pressure cells in the health services unit, negative pressure cannot be maintained in any of the cells until repairs are made to the system. Meanwhile, detainees with symptoms suggestive of TB are referred to an appropriate off-site facility, as observed by this inspector.	
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.	$\boxtimes$			The facility is able to access routine and emergency ambulance services, as needed.	

PART 4 - 22. MEDICAL CA	ARE.	

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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.				Detainees with chronic diseases are placed in chronic care clinics, given a plan of care, and seen by a provider at least every 90 days.	
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.				Female detainees under the age of 55 receive pregnancy testing upon admission. Pregnant detainees are promptly referred to obstetric services for appropriate pre-natal care.	
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	$\boxtimes$			A medical local operating procedure 801, Identification of Detainees with Chronic Conditions, addresses this component.  Detainees with chronic diseases are placed in chronic care clinics, given a plan of care, and seen by a provider at least every 90 days.	
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.	$\boxtimes$			The facility administrator is notified of any detainee with special needs, requiring special consideration regarding housing, transfer, etc., via the special needs form DIHS819.	
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	$\boxtimes$			Detainees have access to emergency and routine dental care both on-site and off-site.	
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.	$\boxtimes$			Detainees with mental health problems are referred to a mental health provider as clinically indicated.	
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	$\boxtimes$			Crisis intervention services are available as observed during the inspection.	
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 local operating procedure 802, Privacy of Care and Patient Confidentiality, addresses this requirement. Detainees are provided same sex chaperones as appropriate or as requested.	

	PART 4 – 22. N		ar in grand gar it exists		
	s Detention Standard ensures that detainees have a vention and health education, so that their health care				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	⊠			Detainees referred for routine mental health treatment receive a comprehensive evaluation by a mental health professional within 14 days of the referral. Detainees referred for urgent or emergent care are seen immediately. Routine and emergent referrals were noted in the medical records.
58.	<ul> <li>(MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: <ul> <li>The conditions under which restraints may be applied;</li> <li>The types of restraints to be used;</li> <li>How a detainee in restraints is to be monitored;</li> <li>The length of time restraints are to be applied;</li> <li>Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>After-incident review.</li> <li>The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form.</li> </ul> </li></ul>				DIHS Chapter 15, Mental Health, Standard Operating Procedure (SOP) 15.16 Medical Restraints, Therapeutic Seclusion and Emergency Psychotropic Medications, describes the written procedures necessary for the use of restraints. Restraints are to be used for medical or mental health purposes only. Metal or hard plastic devices such as handcuffs and leg shackles cannot be used. Fleece-lined leather, rubber or canvas can be used. Detainees are to be monitored and assessed. An after incident review is performed within 24 hours and debriefing is documented in a post-restraint log. It should be noted, however, that the facility does not use medical or mental health restraints. Should a

and restraint, he/she would be transferred to a more appropriate

facility.

D	AD.	F 4	22	MED	ICAL	CARE
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This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
59.	<ul> <li>(MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:</li> <li>Specify the duration of therapy;</li> <li>Obtain an order authorizing the administration of the drug from a Federal District Court.</li> <li>Document that less restrictive intervention options have been exercised without success;</li> <li>Detail how the medication is to be administered;</li> <li>Monitor the detainee for adverse reactions and side effects; and</li> <li>Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>				Although the DIHS, SOP 15.16, allows the use of involuntary administration of psychotropic medications on a routine basis, the facility does not administer involuntary psychotropic medication unless it is deemed an emergency situation by the treating physician. Should a detainee require routine involuntary administration of psychotropic medications, he/she would be transferred to a more appropriate facility.
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.				Detainees have an oral screening on admission. A more thorough screening is conducted with the physical examination.
61.	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.				The HSA and Warden determine the contents and placement of first aid kits.
62.	An automatic external defibrillator should be available for use at the facility.	$\boxtimes$			There is an automatic external defibrillator in the health service unit.
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.				Should a detainee refuse treatment, ICE is notified.
64.	In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.				A Partnership Meeting, including staff from CCA, ICE and PHS, is held weekly.
65.	(MANDATORY) Biohazard us waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	$\boxtimes$			Biohazardous waste is managed by medical staff and collected by Stericycle. Medical and dental equipment is decontaminated by autoclave.

PART 4 – 22. N	MEDICA	AL CARE			
This Detention Standard ensures that detainees have a prevention and health education, so that their health care	nccess needs	to a conti are met in	nuum a timel	of health care services, including y and efficient manner.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
66. <b>(MANDATORY)</b> The health authority will implement a system of internal review and quality assurance.				The HSA has implemented a system of internal review and quality assurance. Performance Improvement studies are ongoing in the areas of diabetes management, chronic care visits, diets, and continuity of care.	
PART 4 – 22. MEDICAL CARE					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

There is no locking pass through window in the pharmacy. Medications are distributed on the individual units.

The facility is accredited by the Joint Commission (Ambulatory 2010-2013) and Joint Commission (Behavioral Health January 2011 - 2014), the American Correctional Association (2011 - 2014), and the National Commission on Correctional Health Care (2011).

The main health service unit (HSU) includes four exam rooms, six short stay cells, one dental suite, three holding areas, eight offices, one break room, one medication room, one pharmacy, five storage and supply rooms, one nurses station, and one medical records room. The adjoining mental health area includes five offices, one nurses station, one recreation yard, two dormitory-style short stay units with eight single bunks each, program space, and a 16 bed unit with single cells. There is also an exam room located in the admission and booking area, and an exam room located on each housing unit.

Local area hospitals include Scripps Mercy Chula Vista, SHARP Chula Vista, University of California San Diego Medical Center, Scripps Mercy San Diego, Alvarado Hospital, and Alvarado Parkway Institute (for mental health).

Ten medical records were reviewed. In all ten records, medical, dental, and mental health screening was present upon admission. In all ten records, chest x-rays were performed and results received in a timely manner. Consent was evident in every record. Physical examinations were performed by mid-level providers or higher within the 14-day parameter, with most being completed within one to two days. Pregnancy testing was evident in the records of female detainees. Chronic diseases were identified and detainees were placed in chronic care clinics and seen as clinically indicated.

(b)(6), (b)(7)c / June 16 Reviewer's Signature /	
	(b)(6), (b)(7)c

	NAL 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	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.  The supply of these items exceeds the minimum required for the number of detainees.				Facility policy 14-6, Inmate/ Resident Property, describes this policy and procedure. This information is also contained in the detainee handbook. The supply of these items exceeds the minimum required.
2.	<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum:</li> <li>One uniform shirt and one pair of uniform pants or one jumpsuit.</li> <li>One pair of socks.</li> <li>One pair of underwear (daily change).</li> <li>One pair of facility-issued footwear.</li> </ul>	⊠			Detainees receive more than the minimum: three pairs of pants and three shirts or three jumpsuits; five pairs of socks; five pairs of underwear; one pair of footwear.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	$\boxtimes$			Coats are made available as seasonally appropriate.
	New detainees are issued clean bedding, linens and towels, at a minimum:  One mattress  One blanket  Two sheets  One pillow  One pillowcase  One towel  Additional blankets, based on local weather conditions.				New detainees are issued one mattress, one blanket, two sheets, one pillow, one pillowcase, two towels, and additional blankets based on need.
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	$\boxtimes$			The facility provides gender- specific personal hygiene items on admission and replenishes those items on a weekly basis.
6.	<ul> <li>Toilet facilities are:</li> <li>Clean</li> <li>Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.</li> </ul>				Each cell in the housing units contains a toilet and sink. This number far exceeds the ACA Expected Practice.

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.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
7. Bathing facilities are:					
<ul> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.</li> </ul>				Bathing facilities are clean. Hot water temperature was measured at 102 degrees F. There is a washbasin in each cell. However, shower ratios are 1:16 (4 for 64	
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.				detainees) on some units and 1:17 (4 for 68 detainees) on other units.	
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.				Handicapped accessible facilities are available on the units.	
9. Detainees are provided clean clothing, linen and					
<ul><li>towels.</li><li>Socks and undergarments - daily.</li></ul>					
Outer garments - twice weekly.			П	Detainees are provided clean clothing, linen and towels as	
Sheets - weekly.			لسما	required.	
Towels - weekly.					
Pillowcases - weekly.					
<ol> <li>Food service detainee volunteer workers are permitted to exchange outer garments daily.</li> </ol>	$\boxtimes$			Food service detainee volunteer workers may exchange their white pants and shirts daily.	
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	$\boxtimes$			Volunteer detainee workers may exchange their outer garments more frequently than every 72 hours.	
PART 4 – 23. PER	SONAL	HYGIEN	<u> </u>		
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding	
Remarks: (Record significant facts, observations, other sources used, etc.) Detainees are provided clothing in excess of minimums. They are also provided additional blankets and outerwear as climate determines.					
Regular housing units provide one shower for 16-17 detainees. These ratios do not meet the ACA Expected Practice of one hower for every 12 detainees. The 64-bed unit has two tiers with two side-by-side showers on each tier. The 68-bed unit has two iers with two back-to-back showers on each tier.					
(b)(6), (b)(7)c June 16, 2  Reviewer's Signature / D  (b)(6), (b)(7)c					

PART 4 – 24. SUICIDE PREV	ENTIO	N AND INT	ERVE	NTION
This Detention Standard protects detainees' health and w potential signs and situations of risk and to intervene with treatment.	ell being approp	g by trainir riate sensi	ig staf tivity, s	f to prevent suicide by recognize supervision, referral, and
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.</li> </ol>				The Suicide Prevention Program - Attachment C to Chapter 15, Mental Health, has been reviewed and approved by the health authority and the Warden.
<ul> <li>2. At a minimum, the Program shall include procedures to address: <ul> <li>Intake screening and referral requirements;</li> <li>The identification and supervision of suicide-prone detainees;</li> <li>Staff training requirements;</li> <li>The management and reporting of suicidal incidents, suicide watches, and deaths;</li> <li>Provision of safe housing for suicidal detainees;</li> <li>Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;</li> <li>Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.;</li> <li>Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and</li> </ul> </li> <li>Written procedures for the proper handling of</li> </ul>				Facility policy 9-19, Suicide Prevention/Risk Reduction, and Attachment 15, address this component. The program's procedures address: intake screening and referral requirements; identification of suicide-prone detainees through the screen, training requirements, management and reporting, provision of a secure environment, debriefing, guidelines for detainee return to general population, and reporting guidelines for staff.

detainees who exhibit suicidal behavior.

employee orientation and annual training.

3. Every new staff member receives suicide-prevention

training. Suicide-prevention training occurs during the

 $\boxtimes$ 

manager.

All staff receives suicide prevention

documented in Training Activity Enrollment/Attendance Rosters maintained by the facility's training

training during pre-service

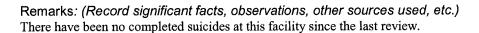
orientation and annually as

DADT 4 A4	OUTOING DOCUMENTION	LAND INTERVENIENCE
PARI 4 - 24.	SUICIDE PREVENTION	N AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4. Training prepares staff to:				
<ul> <li>Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> </ul>				Facility policy 9-19, Suicide Prevention/Risk Reduction outlines this training. Training prepares
Responding to suicidal and depressed detainees,				staff to identify warning signs and
Effective communication between correctional and health care personnel,				symptoms of suicidal behavior, to understand the precipitating factors of suicidal behavior, to respond to
Necessary referral procedures,				suicidal detainees, to communicate
<ul> <li>Housing observation and suicide-watch level procedures,</li> </ul>				with other staff, to refer as appropriate, to make housing and watch decisions and to follow up
<ul> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> </ul>				and document as appropriate.
Reporting and written documentation procedures.				
<ul> <li>5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li> <li>Screening does not occur later than one working day after the detainee's arrival.</li> <li>Documentation exists that "specially trained"</li> </ul>				Only health care providers screen detainees upon admission for suicide potential as required by this component. Medical record review documented this screening.
officers" have completed training in accordance with a syllabus approved by the medical authority.				documented this serecting.
<ol><li>Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.</li></ol>	$\boxtimes$			Facility policy 9-19 addresses this component.
<ol> <li>Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.</li> </ol>				The procedures are described in Mental Health Levels of Care, Attachment B to Chapter 15.
The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			The facility has two designated isolation rooms located in the booking area.
<ol><li>The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.</li></ol>				The isolation rooms do not contain any structures or smaller items that could be used in a suicide attempt. The walls and floors are smooth and padded.
10. Medical staff have approved the room for this purpose.				Medical staff has approved the rooms for this purpose.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	$\boxtimes$			Staff provides constant observation of a suicidal detainee and documents this observation every 15 minutes, as observed during the facility tour.		
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.				Staff provides constant observation of the suicidal detainee. Medical staff documents the status of the detainee in the medical record at least every two hours, as demonstrated by a record review.		
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance				This facility has medical staff on duty 24 hours per day, seven days per week. Should an ICE detainee be noted to be suicidal, the facility administrator reports this information to ICE and determines appropriate follow up.		
14. 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.				The clinical director conducts a mortality review within 30 days.		
PART 4 – 24. SUICIDE PREV	ENTIO	N AND IN	ERVE	NTION		
⊠ Meets Standard ☐ Does Not Meet St	PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION   Meets Standard Does Not Meet Standard N/A Repeat Finding					



There have been two ICE detainee suicide attempts since the last review:

An ICE detainee admitted to the facility on November 29, 2010, with a mental health history, was found on December 4, 2010, in his cell located in the mental health F unit, with a string around his neck tied to a vent in the wall. He was awake, alert, and speaking when found. He was not injured in the attempt and has since left the facility.

An ICE detainee admitted on May 23, 2011, with no mental health history, was found on June 13, 2011, in his cell located in the segregation unit, with a sheet around his neck tied to the upper bunk. He was breathing and semi-conscious when found. He was immediately sent offsite to the local emergency room at Scripps Mercy Chula Vista via ALS ambulance. He was later transferred to the Alvarado Parkway Institute, a mental health facility, where he remains.

Mental health staffing includes (b)(7) psychiatris (b)(7) psychologists (b)(7) dicensed clinical social worker, and (b)(7) mental health registered nurses.

The Suicide Prevention Curriculum includes training on identifying behaviors that are indicators of possible suicidal thoughts, lists physical and behavioral warning signs of serious depression, identifies types of detainees who may be suicidal, and lists four high risk suicide periods.

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

PART 4 – 25. TERMINAL		

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.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	$\boxtimes$			The facility does not routinely accept detainees who are severely or terminally ill. Should a detainee become terminally ill, he/she would be transferred to a more appropriate medical facility.
2.	<ul> <li>The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition.</li> <li>The detainee's location.</li> <li>The visiting hours and rules at that location.</li> </ul>	$\boxtimes$			The facility notifies ICE officials, who in turn notify next of kin.
3.	<ul> <li>There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives.</li> <li>These guidelines include instructions for detainees who wish to have a living will.</li> <li>These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.</li> </ul>	$\boxtimes$			The guidelines are outlined in the State of California Advance Directives Form and Guidelines and include instructions for living wills and use of a private attorney.
4.	There is a policy addressing "Do Not Resuscitate Orders"	$\boxtimes$			Medical local operating procedure (LOP) 20l, Do Not Resuscitate (DNR), addresses this component.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				A DNR order is consistent with sound medical practice and not in any way associated with expediting the death of a detainee.
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				The facility notifies the Associate Director, who notifies the Office of the Director, the Executive Council, and the ICE General Counsel.
7.	The facility has written procedures to address the issues of organ donation by detainees.	$\boxtimes$			A detainee may request, through an advance directive, that his/her organs be donated in the event of his/her death.
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.				Medical standard operating procedure (SOP) 3.10.2, Mortality Notification, addresses this component. The HSA notifies ICE officials, who notify other interested persons.

			<b>DIRECTIVES</b>	

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.

9. The facility has a policy and procedure to address the death of a detainee while in transport.	Meets   Standard	Does Not  Meet Standard	N/A	Remarks  Facility policy 9-18, Transportation Procedures, addresses this requirement. In addition, a memorandum dated June 29, 2009,					
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this				from the AFOD describes the process to be followed.  Per an interview with the IEA, the detainee's remains are disposed of					
<ul> <li>standard.</li> <li>11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.</li> <li>If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.</li> </ul>				as required by the standard.  Per an interview with the IEA, should neither the family nor the consulate claim the body, the ICE field office schedules an indigent's burial. Notification of the Department of Veterans Affairs occurs, as appropriate.					
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				Per an interview with the IEA, a certified copy of the death certificate is placed in the subject's A-file.					
<ul> <li>13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</li> <li>Performance of an autopsy.</li> <li>Person(s) to perform the autopsy.</li> <li>Obtaining State approved death certificates.</li> <li>Local transportation of the body.</li> </ul>	$\boxtimes$			A memorandum dated June 29, 2009, from the AFOD describes the process to be followed to address the requirements of this component. When ICE personnel are notified of a detainee's death, they contact the San Diego County Medical Examiner's office. ICE personnel, the clinical director, or the DIHS medical director may request an autopsy in accordance with established guidelines and applicable laws.					
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	$\boxtimes$			Per an interview with the IEA, ICE staff closes the case of a deceased detainee in part by writing a note in the file, including the death certificate, and closing out the file.					
PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH									

Remarks: (Record significant facts, observations, other sources used, etc.) There have been no deaths at the facility since the last review.

The facility has clear guidelines regarding advance directives, living wills, organ donation, and DNR orders.

Susan J. Martin / June 16, 2011 Reviewer's Signature / Date

#### **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

	FART 3 - 20. CURRESFUR			100 - 60	
	is Detention Standard ensures that detainees will be a presentatives, government offices, and consular officials				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	$\boxtimes$			Facility policy 16-1, Correspondence Procedures, is the governing policy for correspondence and other mail.
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.				The facility's orientation video is provided in English, Spanish, and Mandarin Chinese. Other documents, such as the local handbook, are available in English and Spanish.
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				
4.	Outgoing mail is delivered to the postal service within 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.				
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 Warden issued a memo dated April 20, 2010, which authorizes staff to open and inspect incoming general correspondence and other mail without the detainee present due to prevailing security concerns.
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	$\boxtimes$			
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.				

PART 5 - 26.	CORRESPONDENCE	AND OTHER MAIL

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

Components	Meets Standard	Does Not Meet Standard	NA	Remarks
10. 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.				Although the facility policy indicates that outgoing general correspondence is subject to inspection. The mailroom supervisor confirmed that this is not the practice. Outgoing general correspondence is not inspected without the detainee present unless there is reason to believe it might present a threat as outlined in the component. The facility is in the process of changing the policy to reflect the practice.
<ol> <li>Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.</li> </ol>				
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	$\boxtimes$			
<ol> <li>The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.</li> </ol>	$\boxtimes$			
14. Staff maintain a written record of every item removed from detainee mail.				The only item which would be removed from detainee mail is illegal contraband. Otherwise, the item is returned to the sender. A record is maintained for every item rejected and returned to the sender.
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.		$\boxtimes$		Cash received in the mail is not accepted by the facility. All cash is returned to the sender.
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	$\boxtimes$			
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	$\boxtimes$			Requests for copies of identity documents are handled by ICE.
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	$\boxtimes$			All prohibited items, with the exception of illegal contraband, are returned to the sender.

PART 5 – 26. CORRESPON  This Detention Standard ensures that detainees will be a representatives, government offices, and consular officials	ble to c	orrespond	with t	heir families, the community, legal
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	$\boxtimes$			The facility policy provides for seven, one-ounce letters per week.
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	$\boxtimes$			
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$			
23. SMU detainees have the same correspondence privileges as general population.	$\boxtimes$			
24. Detainees have access to outside publications.	$\boxtimes$			
PART 5 – 26. CORRESPON	IDENC	E AND OT	HER	MAIL
⊠ Meets Standard ☐ Does Not Meet St	andarc	I 🗌 N/A	<b>.</b>	☐Repeat Finding
Remarks: (Record significant facts, observations, other sour The facility complies with the PBNDS for Correspondence and Corres	Other Mastaff to icated the that this rising the which pro	ail. Facility open and in at outgoing is not the peritten population of the peritten population.	spect a corres bractice licy. C cash w	Il incoming general correspondence pondence is subject to inspection e. The practice conforms to the Cash received in the mail is returned to ill be deposited into the detainee's

	!	
T 5 – 27. ESCORTED	TRIPS FOR NON-MEDICA	L EMERGENC

#### IES **PAR**

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	NA	Remarks
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:				
	<ul><li>Funeral</li><li>Deathbed</li></ul>				
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).				
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.				
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.				
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.				

PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDICA	AL EM	ERGENCIES
This Detention Standard permits detainees to maintain tie detainees emergency staff-escorted trips into the commur to attend their funerals.				
⊠ Standard NA: Check this box if all ICE Non-Medical Field Office or Sub-Office in control of the detainee ca		ency Esc	orted 1	Frips are handled only by the ICE
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>11. Escort officers ensure that detainees:</li> <li>Conduct themselves in a manner that does not bring discredit to ICE/DRO.</li> <li>Do not violate federal, state, or local laws.</li> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants.</li> <li>Do not arrange to visit family or friends unless approved before the trip.</li> <li>Make no unauthorized phone calls.</li> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.</li> </ul>				
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.				
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.				
14. The Field Office Director is the approving official for all non-medical escorted trips.				
<ul> <li>15. Facility procedures comply with the following ICE Standards:</li> <li>Transportation (Land Transportation</li> <li>Restraints applied strictly in accordance with the Use of Force Standard.</li> </ul>				IEDO ENGIES
PART 5 – 27. ESCORTED TRIPS F	UK NU	IN-INIEDICA	AL EIV	ERGENCIES
☐ Meets Standard ☐ Does Not Meet St	andard	I 🖂 N/A	١	☐Repeat Finding
Remarks: (Record significant facts, observations, other social escorted trips for non-medical emergencies are handled by IC  (b)(6), (b)(7)c / June 16, 7  Reviewer's Signature / Dat  (b)(6), (b)(7)c		sed, etc.)		

PART 5 – 28. MAI				
This Detention Standard ensures that each marriage re review and based on internal guidelines for approval of s	quest frouch requ	om an ICE uests.	/DRO	detainee receives a case-by-case
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ol> <li>The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by- case basis.</li> </ol>				Interviews with on-site ICE officials indicated that the FOD reviews each marriage request on a case-by-case basis.
<ol> <li>The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.</li> </ol>				
<ol> <li>It is standard practice to require a written request for permission to marry.</li> </ol>				The facility requires all marriage requests to be submitted in written form.
<ol> <li>The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.</li> </ol>				
<ol><li>The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.</li></ol>				
<ol><li>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.</li></ol>				
<ol> <li>The Facility Administrator provides the detainee with a place and time to make wedding arrangements.</li> </ol>				The marriage ceremony is conducted in the non-contact visiting room area.
<ol><li>The detainee handbook explains the marriage request process.</li></ol>				
<ol> <li>In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.</li> </ol>				This is a CDF. The highest ranking ICE official on site will authorize the approval or denial of a request to marry.
PART 5 – 28. MAF	RRIAGE	REQUES	TS	
⊠ Meets Standard ☐ Does Not Meet S	tandard	I 🗌 N/A	\	☐Repeat Finding

The facility has policy and procedures in place regarding detainee marriage requests. The facility handbook advises detainees regarding marriage request procedures.

Detainees wishing to marry are required to submit a request in writing through the Warden of the facility, which is forwarded to the ICE AFOD for review. ICE will ultimately approve or deny the request. If the request is denied, ICE notifies the detainee in writing, providing the reasons for the denial. If the marriage request is approved, the facility accommodates the request and allows the marriage to take place within the facility. Interviews with ICE officials indicate that eight marriage requests were approved in the last year with an additional seven requests pending. Only one request was denied during the last year.

(b)(6), (b)(7)c	June 16, 201
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This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities,

	hin the constraints of safety, security, and good order.  If outdoor recreation is offered check this box. Iter	ns 19-2	27 should	then	pe marked "N/A".
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The Facility provides:				Facility policy 20-100, Recreation
	<ul> <li>An indoor recreation program.</li> <li>An outdoor recreation program.</li> </ul>	$\boxtimes$			and Leisure Time Programs, establishes procedures for all recreational and leisure time activities. Indoor and outdoor recreation programs are available.
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				
3.	Regular maintenance keeps recreational facilities and equipment in good condition.				
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.		:		
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.				_
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.				The facility provides television, cards, checkers, dominos, chess, and various board games in each housing unit dayroom. Movies are provided during the weekend.
7.	Outside activities are restricted to limited-contact sports.	$\boxtimes$			
8.	Each detainee has the opportunity to participate in daily recreation.	$\boxtimes$			
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	$\boxtimes$			The facility provides detainees access to outdoor recreation two hours per day, seven days a week.
10.	Staff check all items for damage and condition when equipment is returned.	$\boxtimes$			
11.	Staff conduct searches of recreation areas before and after use.	$\boxtimes$			
12.	Recreation areas are under constant staff supervision.	$\boxtimes$			
13.	Supervising staff are equipped with radios.				
14.	The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	$\boxtimes$	-		A review of detention logs indicates that detainees housed in the SMU receive at least one hour of recreation, five days per week.
	Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.				There have been no incidents of detainee's recreation privileges being revoked in the last year.
16.	Special programs or religious activities are available to	$\boxtimes$			

PART 5 - 29.	RECRE	ATION		
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.	ccess t	o recreatio	nal an	d exercise programs and activities
igtigtigtigtigtigtigtigtigtigt	ns 19-2	27 should	then	be marked "N/A".
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				
<ol> <li>Visitors, relatives or friends of detainees are not allowed to serve as volunteers.</li> </ol>	$\boxtimes$			
19. If the facility has no outside recreation, are detainees considered for transfer after six months?				Outdoor recreation is provided at this facility.
<ol><li>If yes, written procedures ensure timely review of all eligible detainees.</li></ol>			$\boxtimes$	Outdoor recreation is provided at this facility.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			$\boxtimes$	Outdoor recreation is provided at this facility.
<ol> <li>The Facility Administrator documents all detainee- transfer decisions, whether yes or no.</li> </ol>				Outdoor recreation is provided at this facility.
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.				Outdoor recreation is provided at this facility.
<ol> <li>Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.</li> </ol>				Outdoor recreation is provided at this facility.
<ol> <li>If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.</li> </ol>				Outdoor recreation is provided at this facility.
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.				Outdoor recreation is provided at this facility.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.				Outdoor recreation is provided at this facility.
PART 5 - 29.	RECRE	ATION		
⊠ Meets Standard ☐ Does Not Meet St	andard	I 🗌 N/A		☐Repeat Finding

The facility provides detainees with access to recreational programs and activities under conditions of security and supervision that protect their safety and welfare. The facility offers open air recreation space in each housing unit. Detainees are allowed access to outdoor recreation a minimum of two hours per day, seven days a week.

The recreation department does not a	ıtilize detainee workers.	All recreationa	l activities are cond	ucted by	y facilit	y staff.
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	PART 5 – 30. RELIC	SIOUS	PART 5 – 30. RELIGIOUS PRACTICES					
opp	s Detention Standard ensures that detainees of differer cortunities to participate in the practices of their respect urity, the orderly operation of the facility, or extraordina	tive faith	hs, constra	ained o	only by concerns about safety,			
	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks			
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.				Facility Policy 20-101, Chaplain and Religious Services, establishes procedures for all religious services.			
2.	Space is available for detainees to participate in religious services.				·			
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	$\boxtimes$	. 🗆					
4.	The facility accommodates recognized holy-day observances by:  Providing special meals, consistent with dietary restrictions.  Honoring fasting requirements.  Facilitating religious services.  Allowing activity restrictions.							
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	$\boxtimes$			The facility allows detainees to have religious books, plastic crosses, religious headgear, rosaries, and prayer rugs in their possession.			
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.							
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.							
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	$\boxtimes$			Religious services are available to detainees in the Special Management Unit. SMU log books indicate that the chaplain routinely visits this area.			
	RELIGIOUS	PRACT	ΓICES					
	☑ Meets Standard   ☐ Does Not Meet Sta	andard	i 🗌 N/A	4	☐Repeat Finding			

The facility provides detainees with the opportunity to practice his or her religious beliefs. Religious services are conducted in an area that provides adequate space and equipment for religious programs. The facility chaplain oversees numerous religious services and programs on a daily basis. The facility's religious volunteer program includes but is not limited to Protestant, Catholic, Muslim, Jewish, and Buddhism. All religions represented in the facility have equal status and are not discriminated against.

The religious programs offered at this facility are planned, administered, and coordinated through the efforts of the facility chaplain. The facility's religious program is augmented by community clergy and volunteers.

(b)(6), (b)(7)c / June 16, 2011 Reviewer's Signature / Dz (b)(6), (b)(7)c

	PART 5 – 31. TEL	EPHON	NE ACCES	S	
	Detention Standard ensures that detainees may main viding them reasonable and equitable access to teleph			r famil	les and others in the community by
	Components	Meets Standard	Does Not Meet Standard	NA	Remarks
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.				Telephone access is allowed between the hours of 6 a.m. and 11 p.m. TTY devices are available in each housing unit in the unit manager's office.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.				Telephone access information is provided in the facility's handbook.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.				
4.	Access rules, including updated telephone and consulate number, are posted in housing units.				The consulate numbers were available in a binder located near the telephones, two per housing pod. The consulate numbers were not posted.
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.		10		
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.				The maximum capacity of any housing pod is 68. There are 8 telephones in each housing pod providing a ratio of 1:8.5.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				
8.	Telephones are located a reasonable distance from televisions.				
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	$\boxtimes$			Daily checks on each shift by facility staff occur as do weekly checks by ICE staff. The telephone system is also programmed with a problem reporting system which can be used by the detainees. This process is explained in the facility's handbook.
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.				
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	$\boxtimes$			
•	A procedure exists to assist a detainee who is having trouble placing a confidential call.	$\boxtimes$			Detainees may request a legal call through the unit manager. When approved, the detainee will make the call in the unit manager's office.
13.	The facility provides the detainees with the ability to				

make non-collect (special access) calls.

 $\boxtimes$ 

Thi:	s Detention Standard ensures that detainees may main viding them reasonable and equitable access to teleph	ntain tie	s with thei		les and others in the community by
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14.	Special Access calls are at no charge to the detainees.				
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.				The facility's telephones are programmed so that special access calls are made at no charge to the detainees.
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	$\boxtimes$			
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.				
19.	The facility has a system for taking and delivering emergency detainee telephone messages.				The facility delivers messages subject to verification of the emergency.
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.	$\boxtimes$			
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.				
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.	$\boxtimes$			
	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.	$\boxtimes$			The notification is posted by each bank of telephones in the housing pods. The telephones are also programmed with a recorded notification message.
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	$\boxtimes$	i <sub>-</sub>		The reviewer contacted the OIG using the programmed speed dial information.
28.	The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	$\boxtimes$			
	PART 5 – 31. TEL	EPHON	IE ACCES	S	

⊠ Meets Star	ndard Does Not M	Meet Standard ☐ N/A	☐Repeat Finding

Based on a review of policy, interviews with staff and detainees, personal observation, and checks of the telephones it is the opinion of this inspector that the facility meets the requirements of the PBNDS regarding Telephone Access. Facility policy 16-100 is the governing policy for telephone access at the facility. Detainees have access to the telephones from 6 a.m. to 11 p.m. There are a sufficient number of telephones for detainee use. The telephones are programmed with the ICE special access telephone numbers. The OIG special access speed dial number was tested by this inspector and found to be operable. The telephones are checked daily by facility staff and random phones are checked weekly by ICE staff.

(b)(6), (b)(7)c / June 16, 2
Reviewer's Signature / Da

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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	N/A	Remarks		
1.	There is a written visitation procedure, schedule, and hours for general visitation.				Facility policy 16-2, Visitation, addresses the visitation procedures, schedule, and hours.		
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	$\boxtimes$					
3.	The visitation schedule and rules are available to the public.	$\boxtimes$			The schedule and rules are posted in the facility's lobby. A handout in English and Spanish is available upon request. Information is also available telephonically.		
4.	The hours for all categories of visitation are posted in the visitation waiting area.						
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.				A record of visitors which contains all required information is maintained in the facility's Inmate Management System (IMS).		
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	$\boxtimes$			Visitors are allowed to deposit funds into kiosk located in the lobby.		
8.	A visitor dress code is available to the public.	$\boxtimes$					
9.	Visitors are searched and identified according to standard requirements.	$\boxtimes$					
10.	The requirement on visitation by minors is complied with.	$\boxtimes$			Visitors under the age of 18 are allowed to visit when accompanied by an approved adult visitor.		
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.				Visitors under the age of 18 are allowed to visit when accompanied by an approved adult visitor.		
	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			$\boxtimes$	Visitors under the age of 18 are allowed to visit when accompanied by an approved adult visitor.		
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	$\boxtimes$					
14.	Detainees in special housing are afforded visitation.	$\boxtimes$					
15.	Legal visitation is available seven (7) days a week, including holidays.	$\boxtimes$					

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, v			nts of s	safety, security, and good order.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
<ol> <li>On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.</li> </ol>	$\boxtimes$					
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	$\boxtimes$					
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				Attorney visitation rooms are located adjacent to the housing pods. The legal visits are contact and an exchange of documents is allowed.		
<ol><li>There are written procedures governing detainee searches.</li></ol>	$\boxtimes$			Facility policy 9-5, Searches of Inmates and Various Locations, addresses this requirement.		
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.						
<ol> <li>Per the Standard, prior to each visit, legal service providers and assistants are identified.</li> </ol>						
<ol> <li>The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.</li> </ol>	$\boxtimes$					
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.						
<ol> <li>Provisions for NGO visitation as stated in the Detention Standards are complied with.</li> </ol>						
<ol> <li>Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.</li> </ol>						
<ol> <li>Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.</li> </ol>						
PART 5 – 32	. VISIT	ATION				
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

Facility policy 16-2, Visitation, contains the visitation rules, schedule, and dress code for visitors. The rules and schedule are posted in the lobby of the facility and copies are available to the visitors upon request. The visitation rules and schedule are also contained in the facility's handbook. The requirements for legal visitation are met. Based on a review of the policy, interviews with staff, and observation of postings, the facility complies with the PBNDS regarding Visitation.

(b)(6), (b)(7)c / June 16, 2 Reviewer's Signature / Da

	PART 5 – 33. VOLUNT				
nu leg	is Detention Standard provides detainees opportunities mber of work opportunities available and within the con pally required to do so, ICE/DRO affords working detain SHA) protections.	straints ees bas	of safety, sic Occupa	securi itional	ty, and good order. While not Safety and Health Administration
3 6	Check here if ICE detainees are not authorized to wand move to next section.	ork at t	he IGSA f	acility	. Mark NA on Form G-324A, page
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a voluntary work program.				Facility policy 19-100, Detainee Employment System, establishes policy and procedures for detainees requesting to work.
2.	Detainee housekeeping meets acceptable levels of 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.				Detainees classified as Level 1 may participate in work details outside the secure perimeter of the facility. Outside work details are under direct supervision.
4.	<ul> <li>Written procedures govern selection of detainees for the Voluntary Work Program.</li> <li>The same procedures apply for replacement workers as for "new" workers.</li> <li>Staff follow written procedures.</li> </ul>				
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.	$\boxtimes$			Detainees work a fixed schedule of no more than eight hours a day, 40 hours a week.
8.	the written justification for the action in the detainee's detention file.	$\boxtimes$			
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	$\boxtimes$			Facility policy requires detainees to sign job descriptions indicating an understanding of the responsibilities of the job.
10.	<ul> <li>The voluntary work program meets:</li> <li>OSHA standards</li> <li>NFPA standards</li> <li>ACA standards</li> </ul>	$\boxtimes$			
11.	Medical staff screen and formally certifies detainee food service volunteers;  Before the assignment begins  As a matter of written procedure.				Documentation on file indicates that all detainee food service volunteers are cleared by medical staff before assignment

of safety, sic Occupa the IGSA fa	mone securi tional	y while confined, subject to the ty, and good order. While not Safety and Health Administration  Mark NA on Form G-324A, page
of safety, sic Occupa the IGSA fa	securi itional	ty, and good order. While not Safety and Health Administration
	acility	. Mark NA on Form G-324A, page
		The state of the s
Does Not Meet Standard	MA	Remarks
ORK PRO	GRAN	
I N/A	1	☐Repeat Finding
	ORK PRO	ORK PROGRAM

Detainees are provided the opportunity to work and participate in the facility's Detainee Employment System. Assignment to this program is strictly voluntary. Detainees assigned to the program are paid one dollar per day. Information regarding the work program is provided to detainees during orientation, as well as outlined in the detainee handbook. Selection to the program is not dependent upon race, religion, national origin, gender, sexual orientation, or disability.

Detainee working conditions are monitored by each of the facility's unit managers.

(b)(6), (b)(7)c	/ June 16, 2011
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### **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	HANDBO	)OK
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This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

	Components	Meets Standard	Does Not Meet Standard	NA	Rémarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	$\boxtimes$			Facility policy: 14-1, Inmate/Detainee Handbook, establishes policy and procedures for this component.
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	$\boxtimes$			The facility handbook is written in English, Spanish, and Mandarin Chinese.
3.	A procedure for requesting interpretive services for essential communication has been developed.	$\boxtimes$			Interpretive services are provided through a contract with the AT&T Language Line.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	$\boxtimes$			
5.	The handbook supplements the facility orientation video where one is provided.				The facility utilizes an orientation video in conjunction with the facility handbook. The orientation video is available in English, Spanish, and Mandarin Chinese.
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.	$\boxtimes$			The handbook is reviewed annually with revisions made as necessary. The current handbook was revised in May of 2011.
8.	<ul> <li>The detainee handbook address the following issues:</li> <li>Personal Items permitted to be retained by the detainee.</li> <li>Initial issue of clothes, bedding and personal hygiene items.</li> <li>How to access care.</li> </ul>	$\boxtimes$			
9.	The detainee handbook states in clear language basic detainee responsibilities.				
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	$\boxtimes$			
11.	The handbook states when a medical examination will be conducted.	$\boxtimes$			The handbook states that medical examinations will be conducted within 14 days.
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	$\boxtimes$			

. DETAINEE	

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.	$\boxtimes$			
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.				Disposable razors are available on a daily exchange basis of one for one. Procedures for obtaining razors are outlined in the handbook and orientation video.
<ol><li>The handbook describes barber hours and hair cutting restrictions.</li></ol>				
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)				Commissary is available once per week. Commissary procedures are provided in the handbook as well as posted in the housing units.  Detainees are limited to commissary purchases of \$70 per week.
<ol><li>The handbook describes the detainee voluntary work program.</li></ol>				
<ol> <li>The handbook describes the library location and hours of operation and law library procedures and schedules.</li> </ol>	$\boxtimes$			
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.				-
22. The handbook/supplement provides local ICE contact information.	$\boxtimes$	: [		ICE contact information is provided in the handbook and is posted in the housing units.
23. The handbook describes the facility contraband policy.				
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.				
25. The handbook describes the correspondence policy and procedures.				

PART 6 -	34. DETAINEE HANDBO	OK

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	WA	Remarks
26. The handbook describes the detainee disciplinary policy and procedures, including:		an Burtusting 194		<u> </u>
<ul> <li>Prohibited acts and severity scale sanctions.</li> <li>Time limits in the Disciplinary Process.</li> <li>Summary of Disciplinary Process.</li> </ul>	$\boxtimes$			
<ul> <li>27. The grievance section of the handbook explains all steps in the grievance process – Including:</li> <li>Informal (if used) and formal grievance procedures;</li> <li>The appeals process;</li> <li>In CDFs procedures for filing an appeal of a grievance with ICE.</li> <li>Staff/detainee availability to help during the grievance process.</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul>	$\boxtimes$			
28. The handbook describes the medical sick call procedures for general population and segregation.	$\boxtimes$			
<ul> <li>29. The handbook describes the facility recreation policy including:</li> <li>Outdoor recreation hours.</li> <li>Indoor recreation hours.</li> <li>In dorm leisure activities.</li> <li>Rules for television viewing.</li> </ul>				
<ol> <li>The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.</li> </ol>	$\boxtimes$			
31. The handbook specifies the rights and responsibilities of all detainees.				Detainee's rights and responsibilities are provided in the facility handbook, orientation video, and are posted in the units.
<ol> <li>Detainees are required to sign for the handbook to ensure accountability.</li> </ol>	$\boxtimes$			
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.				
PART 6 - 34. DETA	INEE I	HANDBOO	K	

	<u> </u>		
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding

Detainees are provided a facility handbook as well as the ICE National Detainee Handbook. Handbooks are available in English, Spanish, and Mandarin Chinese versions. In addition, an orientation video is provided in English, Spanish and Mandarin versions. The orientation video is played on a continuous loop in the receiving area hold rooms. The handbooks describe the facility's rules and sanctions, disciplinary system, mail, visiting procedures, grievance system, detainee services and programs, and access to medical care.

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	PART 6 – 35. GRIEVANCE SYSTEM					
	This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Detainees are informed about the facility's informal and formal grievance system.				Facility policy 14-5, Resident Grievance Procedures, and 15-100, Detainee Discipline, establishes policy and procedures regarding the disciplinary process and grievance system.	
	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	$\boxtimes$				
	<ul> <li>The grievance section of the handbook explains all steps in the grievance process – Including:</li> <li>Informal and formal grievance procedures;</li> <li>The appeals process and step-by-step procedures;</li> <li>Staff/detainee availability to help during the grievance process</li> <li>Guarantee against staff retaliation for filling/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Justice.</li> <li>How to file an emergency grievance.</li> <li>Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.</li> </ul>				The facility has written policy and procedures regarding informal and oral grievances. Detainees are allowed up to seven days to make his or her concern known to a staff	
5.	Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.  Detainees may seek help from other detainees or facility staff when preparing a grievance.  Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.				member.	
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.				A review of the facility's Detainee Discipline Policy indicates that written procedures are in place to provide guidance in identifying and handling of emergency grievances. A review of the facility's grievance log indicates there have been no such grievances filed during the past year.	

This Detention Standard protects detainees' rights and ens they may file formal grievances and receive timely respons	ures tri ses.	ey are trea	ed tair	ly by providing a procedure by which
Components	Meets Standard	Does Not Meet Standard	NA	Remarks
7. Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				
8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	$\boxtimes$			
<ul> <li>9. Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complains" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>	×			
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.				
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				The facility's policy requires that staff forward any grievance relating to officer misconduct to ICE.  Records indicate there have been no instances of a misconduct grievance being filed during the past twelve months.
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	$\boxtimes$			
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.				
<ul> <li>14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</li> <li>In all facilities written procedures cover detainee appeals and are included in the detainee handbook</li> </ul>				The appeals process is outlined in the detainee handbook.
15. In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	$\boxtimes$			
PART 6 – 35. GRI	EVANC	E SYSTE	VI	

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Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding

The facility's grievance system and disciplinary process are explained in the facility's detainee handbook. The grievance system is further explained in the facility's orientation video.

The facility has written policies and procedures establishing a system which allows detainees to file grievances. All formal grievances are logged and tracked by the Quality Assurance Manager. The facility's grievance policy establishes time limits for processing, investigating, and responding to all grievances, including medical grievances. Standard procedures include providing the detainee with a written response to any formal grievance, which includes the basis for the decision.

(b)(6), (b)(7)c June 16, 20 Reviewer's Signature / Date

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
Th	is Detention Standard protects detainees' rights by ensi	uring th	eir access	to cou	ırts, counsel, and legal materials.
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility provides a designated law library for detainee use.				
2.	The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.  In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus				The LexisNexis CD-ROM law library is available at this facility. Therefore, there is no requirement to post the listing of materials.
3.	electronic law library.  If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:  Operable computers and printers, in sufficient numbers in order to provide access  Photocopiers, and Supplies for both.	$\boxtimes$			At the time of the inspection, there were 11 operable computer terminals in the general population library equipped with LexisNexis and one in the law library designated for use by detainees in the Special Management Unit (SMU). A photocopier and supplies are provided.
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	$\boxtimes$			_
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	$\boxtimes$			
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	$\boxtimes$			
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	$\boxtimes$			The LexisNexis CDs are updated by ICE usually on a quarterly basis. However, at the time of the inspection, the LexisNexis CDs in the SMU law library were out of date. The facility updated the LexisNexis software in the SMU law library prior to the conclusion of the inspection.
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.				There are $(b)(7)$ full-time employees assigned to the law library. $(b)(7)$ works the day shift and $(b)(7)$ works the evening shift.

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6 – 36. LAW	LIBRARIES	S AND LEG	GAL MA
letainees' righ	nts by ensuri	ng their ac	cess to

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
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.	$\boxtimes$			The current schedule provides each detainee a minimum of six hours per week access to the law library. Additional time is afforded, upon request.
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.	$\boxtimes$			
12. 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 subscribes to AT&T Language Assistance for detainees who speak a language for which there is no interpreter at the facility. Detainees are allowed to assist other detainees at this facility.
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				There is a law library in A building which is designated for use by detainees in Administrative and Disciplinary Segregation. This law library is equipped with LexisNexis.
16. All denials of access to the law library fully documented.				There have been no denials of access to the law library for a detainee or a group of detainees. If such a denial were to occur, the denial would be fully documented.
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.				There have been no denials of access to the law library for a detainee or a group of detainees. If such a denial were to occur, ICE Management would be notified.
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	$\boxtimes$			Facility policy 14-8, Access to Courts, addresses this requirement.
<ol> <li>Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.</li> </ol>				-
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL				

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Based on a review of policy, interviews with staff and detainees, and observation of the law libraries and computer terminals, the facility was found to meet the requirements of the standard for Law Libraries and Legal Material. The facility has a law library for the general population and one for detainees housed in the SMU. The law library for the general population is spacious, has sufficient lighting, seating, and supplies. Detainees are routinely provided a minimum of six hours per week access. Additional access may be granted upon request. The facility utilizes the LexisNexis CD-ROM library. In the law library for general population, there are 11 computer terminals equipped with LexisNexis; although on the day the terminals were checked, three were experiencing problems loading LexisNexis. The LexisNexis CDs in the general population library were current. The law library for the SMU has one terminal equipped with LexisNexis. When the inspector checked this terminal it was found not to have the latest LexisNexis update. Given that the last update occurred in March 2011, it was determined that this computer had not been updated for at least two months. There have been no recent requests by ICE detainees to use the law library in the SMU. The LexisNexis update was installed on the SMU computer before the inspection team left the facility.

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PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
	This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
☐ Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.						
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.					
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	$\boxtimes$				
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	$\boxtimes$			This issue has not arisen. However, staff advised the facility would coordinate with ICE regarding objectionable material as outlined in this component.	
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	$\boxtimes$				
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.	$\boxtimes$			No detainees have been denied the opportunity to attend a presentation. However, staff advised the facility would document such a denial.	
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.				Space needed for Legal Group Rights Presentations has not been an issue at this facility.	
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	$\boxtimes$				
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.	$\boxtimes$			Interpreters are routinely included as part of the group.	
9.	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	$\boxtimes$				
10.	Staff permit presenters to distribute ICE/DRO-approved materials.	$\boxtimes$				
11.	The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.	$\boxtimes$				

PART 6 - 37. LEGAL RIGHT	s GRO	UP PRESE	ENTAI	TIONS
This Detention Standard protects detainees' rights by ens persons and organizations for the purpose of informing the	suring t	neir acces	s to in	formation presented by authorized
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
☐ Check here if No Group Presentations were cond Acceptable overall and continue of			•	
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.	$\boxtimes$			No suspension of group presenters has occurred. However, staff advised the facility would fully document such a suspension.
<ol> <li>The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.</li> </ol>	$\boxtimes$			
<ol> <li>A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request</li> </ol>	$\boxtimes$			Information regarding the Group Legal Rights Presentations is included in the facility's handbook which is issued to each detainee.
15. The facility maintains equipment for viewing approved electronically formatted presentations.	$\boxtimes$			
PART 6 - 37. LEGAL RIGHT	s GRO	UP PRESI	NTA	TIONS
⊠ Meets Standard ☐ Does Not Meet St	andard	I N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other soul Legal Rights Group Presentations are conducted four times per well Program (LOP). A senior detention officer assigned to coordinate presentations. Notices containing the schedule and procedures for facility, to include all housing areas. Interpreters are routinely in presenters individually or in small groups. If a request to attend a presenters will go to segregation to meet with the detainee(s). The Rights Group Presentations.  (b)(6), (b)(7)c June 16, Reviewer's Signature / D	reek by the coor requestiled a	the ABA Imurt dockets sting to attension part of the ed from a d	at the notes at the second the se	facility also coordinates the LOP presentations are posted throughout the presentations with questions may talk to be housed in segregation status, the

# **Section VII ADMINISTRATION & MANAGEMENT**

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

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				Facility policy 6-1, Inmate/Resident/Student Files, addresses this requirement.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$			A review of several detainee detention files found proper documentation.
3.	<ul> <li>The detainee's Detention File also contains documents generated during the detainee's custody.</li> <li>Special requests</li> <li>Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay</li> <li>Disciplinary forms/Segregation forms</li> <li>Grievances, complaints, and the disposition(s) of same</li> </ul>				
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.				The detention files are maintained in the Receiving and Discharge Office. The area is secure and staff is present around the clock.
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.	$\boxtimes$			All documentation is moved to a different type of folder and tagged on the front of the folder to indicate it is ready to be archived.
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	$\boxtimes$			
8.	Appropriate staff have 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.	$\boxtimes$			Any file removed from the office where the files are secured is logged out.
9.	Electronic record-keeping systems and data are protected from unauthorized access.	$\boxtimes$			All computer terminals are password protected.
10.	Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	$\boxtimes$			Facility policy 6-1, Inmate/ Resident/Student Files, addresses the confidentiality requirements of ICE detainees' detention files.

PART 7 – 38. DI	TENTI	ON FILES		
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.				
Components	Meets Standard	Does Not Meet Standard	N/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.				
<ol> <li>The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.</li> </ol>	$\boxtimes$			
<ol> <li>Archived files are purged after six years by shredding or burning.</li> </ol>				
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.				This facility is a CDF.
PART 7 – 38. DE	TENTI	ON FILES		
☑ Meets Standard				
Remarks: (Record significant facts, observations, other sources used, etc.)  Detention files were reviewed and staff assigned to the Receiving and Discharge Office were interviewed. A detention file is created for every new arrival at the facility. Detention files are secured and maintained in the Receiving and Discharge Office. This office has controlled access. No detainees are ever allowed in the office. The files contain all of the documents required by the standard. A log is maintained for any file removed from the office. A release of consent form is used before a file is released to an outside third party. Electronic data is password protected. The facility meets the requirements of the standard for Detention Files				

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	PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS							
	is Detention Standard ensures that the public and the sponsibility through interviews and tours.	media	are inform	ed 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.				Facility policy 14-3, Inmate/ Resident Contact with News Media, is the governing policy for news media interviews and tours and addresses.			
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.				According to ICE staff, there have been no requests from any media representatives to photograph or record any detainee during the previous 12 months. A release form would be obtained and retained if such a request were to occur.			
5.	<ul> <li>All press pools are organized `according to the procedures in the Detention Standard.</li> <li>A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action.</li> <li>All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.</li> <li>All material generated from such a press pool is made available to all news media, without right of first publication or broadcast.</li> </ul>							
	PART 7 - 39. NEWS MEDIA	INTER	RVIEWS A	ND TO	DURS			
	⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding							

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

ICE staff is on-site at this facility and manage the News Media Interviews and Tours standard. According to the ICE Contracting Officer's Technical Representative (COTR) at the facility, there have been no requests for media interviews with a detainee during the previous 12 months. Facility policy 14-1, Inmate/Resident Contact with News Media, addresses all of the requirements of the standard. The COTR advised that if such a request were received, the requirements of the standard would be followed.

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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 4-1, Staff Development and Training, establishes policy and procedures regarding staff training and orientation.				
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.	$\boxtimes$							
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.				The facility has a certified Training Manager that is responsible for overseeing the training and development of facility staff, volunteers, and outside contractors.				
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.				A review of the Annual Training Plan found the plan is reviewed and approved by the facility's Warden.				
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.	$\boxtimes$			The Training Manager maintains hard-copy training files as well as entering data in the Learning Management System (LMS). LMS is the facility's electronic training records tracking system.				

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
<ul> <li>6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Drug-free Workplace</li> <li>Health-related emergencies</li> <li>Signs of Suicide risk and precautions</li> <li>Suicide prevention and intervention</li> <li>Hunger strikes</li> <li>Use of Force</li> <li>Keys and Locks</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>Orientation and training on detainee handbook and detainee rights.</li> <li>Requirement of special-needs detainees.</li> <li>National Detention Standards</li> </ul> </li> </ul>				Documentation on file indicates that each new employee, contractor and volunteer is provided orientation prior to assuming duties. Each new employee, contractor and volunteer receives an initial 40 hours of training that addresses each element listed in this component. The facility utilizes administrative staff as well as ICE staff to conduct training.

PART 7 – 40. STAFF TRAINING									
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.									
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
<ul> <li>7. Clerical/support employees who have minimal detainee contact receive a minimum of: <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>National Detention Standards.</li> <li>Key and Lock Control.</li> </ul> </li> </ul>				Documentation on file indicates that clerical/support staff is provided orientation prior to assuming duties. Each new clerical/support staff member receives an initial 40 hours of training that addresses each element listed in this component.					
<ul> <li>Suicide risk and prevention.</li> </ul>									

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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
c	Professional and support employees (including contractors) who have regular or daily detained 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.				Documentation on file indicates that professional, support employees, and contractors that have regular or daily contact with detainees are provided orientation prior to assuming duties. Each new professional, support employee, and contractor receives an initial 40 hours of training that addresses each element listed in this component.

PART 7 – 4	0. STAFF T	RAINING		늘어지는 이번 일 되면 끝든 이번 점점하다					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.									
Components	Meets Standard	Does Not Meet Standard	NA	Remarks					
<ol> <li>Full-time health care employees receive at least hours of formal orientation before undertaking t assignments. At a minimum, the orientation progr includes:</li> </ol>	heir ram	<u> </u>							
<ul> <li>The purpose, goals, policies and procedures the facility and parent agency security contraband regulations</li> </ul>									
Key control; appropriate conduct with detaine	es			Documentation on file indicates that					
<ul><li>Responsibilities and rights of employees</li><li>Standard precautions</li></ul>				full-time health care professionals					
Occupational exposure		_		are provided orientation prior to assuming duties. Each new health					
Personal protective equipment				care professional receives an initial					
Bio-hazardous waste disposal				40 hours of training that addresses					
Overview of the detention operations.				each element listed in this component.					
<ul> <li>National Detention Standards.</li> </ul>									
<ul> <li>Medical grievance procedures and protocol.</li> </ul>									
Requirement for special needs detainees.									
Code of Ethics									
Drug free workplace									
Hostage situations and staff conduct if ta hostage	ken								

PART 7 – 40. S	ΓAFF T	RAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
<ul> <li>10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: <ul> <li>Security procedures and regulations</li> <li>Supervision of detainees</li> <li>Searches of detainees, housing units, and work areas</li> <li>Signs of suicide risk, precaution, prevention and intervention.</li> <li>Code of Ethics</li> <li>Health-related emergencies</li> <li>Drug-free workplace</li> <li>Suicide precautions</li> <li>Self-defense techniques</li> <li>Use-of-force regulations and tactics</li> <li>Report writing</li> <li>Detainee rules and regulations</li> <li>Key control</li> <li>Rights and responsibilities of detainees</li> <li>Safety procedures</li> <li>Emergency plans and procedures</li> <li>Interpersonal relations</li> <li>Social/cultural lifestyles of the detainee population</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Communication skills</li> <li>Cardiopulmonary resuscitation (CPR)/first aid</li> </ul> </li> </ul>				Documentation on file indicates that all security personnel (including contractors) are provided orientation prior to assuming duties. Each new security personnel member (including contractors) receives an initial six weeks of training that addresses each element listed in this component. The facility utilizes administrative staff as well as ICE staff to conduct training.			
<ul><li>Counseling techniques</li><li>Sexual abuse/assault awareness</li><li>National Detention Standards.</li></ul>							
<ul> <li>Situation Response Teams (SRTs) receive:</li> <li>Specialized training before undertaking their assignments.</li> </ul>				A review of documentation on file indicates that (b)(7)e  (b)(7)e  members receive an additional 40 hours of training plus eight hours of training each month.			
12. Facility management and supervisory staff receive:	$\boxtimes$						

Management and Supervisory training

PART 7 – 40. STAFF TRAINING								
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	$\boxtimes$			A review of files of personnel authorized to carry firearms occurred and found to be in compliance with this component.  (b)(7)e				
<ol> <li>(MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.</li> </ol>				A review of training files indicates that all personnel authorized to use firearms demonstrate competency on a monthly basis in accordance with the state law.				
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.				All security personnel receive training in the use of chemical agents during the initial six weeks of training.				
<ul> <li>16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are:</li> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using illegal drugs.</li> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> <li>Procedures to be used to ensure compliance.</li> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> <li>Penalties for violation of the policy.</li> </ul>				The facility's Human Resource Manager provides this training during orientation. A review of the training curriculum indicates that all elements of this component are covered in the lesson plan.				
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drugfree workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	$\boxtimes$							

PART 7 – 40. STAFF TRAINING								
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.								
Components	Meets Standard	Does Not Meet Standard	N.A.	Remarks				
<ul> <li>18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics.</li> <li>Typical contents are: <ul> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using their official positions to secure privileges for themselves or others.</li> <li>Engaging in activities that constitute a conflict of interest.</li> <li>Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family.</li> <li>Acceptable behavior in the areas of campaigning, lobbying or political activities.</li> </ul> </li></ul>								
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.								
<ul> <li>20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: <ul> <li>Recognizing of signs of potential health emergencies and the required responses.</li> <li>Administering first aid and cardiopulmonary resuscitation (CPR).</li> <li>Obtaining emergency medical assistance through the facility plan and its required procedures.</li> <li>Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.</li> <li>The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services including by ambulance when indicated</li> </ul> </li> </ul>				A review of documentation indicates that all staff receives annual training regarding responding to health-related emergencies within a four-minute timeframe. All staff is trained to recognize signs of potential health emergencies and to obtain medical assistance. All staff is CPR certified. In addition, all staff is trained to recognize signs and symptoms of mental illness, suicide, retardation, and chemical dependency. The facility has an established plan and procedure for providing emergency care, including the transfer of detainees to local hospital via ambulance.				

PART 7 – 40. STAFF TRAINING								
This Detention Standard ensures that staff, contractors, ar requiring that they receive initial and ongoing refresher train		nteers are	compe	etent in their assigned duties by				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:								
<ul> <li>Understanding that sexual abuse or assault is never an acceptable consequence of detention.</li> </ul>								
<ul> <li>Recognizing housing or other situations where sexual abuse or assault may occur.</li> </ul>	$\boxtimes$							
<ul> <li>Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences.</li> </ul>		:						
<ul> <li>Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.</li> </ul>								
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:								
<ul> <li>Identifying the warning signs and symptoms of impending suicidal behavior,</li> </ul>				A review of training documents indicates that all staff is trained				
<ul> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> </ul>				annually on the facility's Suicide Prevention and Intervention				
<ul> <li>Responding to suicidal and depressed detainees,</li> <li>Communication between correctional and health care personnel,</li> </ul>				Program. All elements of this component are covered in the training. The U.S Public Health				
Referral procedures,				Service provides this training.				
<ul> <li>Housing observation and suicide-watch level procedures, and</li> </ul>								
<ul> <li>Follow-up monitoring of detainees who have attempted suicide.</li> </ul>								
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.	$\boxtimes$							

PART 7 - 40. S	TAFF T	RAINING						
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	Ä	Remarks				
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.  26. Employees are encouraged to continue their education				The Annual Training Plan indicates that training is provided to all staff regarding awareness in controlling situations involving aggressive detainees. The training plan includes all of the elements listed in this component.				
and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.								
PART 7 – 40. S	TAFF T	RAINING						
⊠ Meets Standard ☐ Does Not Meet St	andard	I 🗌 N/A		☐Repeat Finding				
Remarks: (Record significant facts, observations, other sources used, etc.)  The facility provides comprehensive training to all facility staff, contractors, and volunteers. The facility has developed training and lesson plans that provide orientation, initial training, and annual training for all staff, contractors, and volunteers. All training is provided by qualified trainers. All staff receives an initial facility orientation. Additional training is provided during Annual Refresher Training.  (b)(6), (b)(7)c / June 1 (b)(6), (b)(7)c								

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.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	<ul> <li>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.</li> <li>The notification is recorded in the detainee's file</li> <li>When the A-File is not available, notification is noted within ENFORCE.</li> </ul>				ICE Deportation Officers assigned to the facility are responsible for notification of legal counsel or a legal representative.			
2.	Notification includes the reason for the transfer and the location of the new facility,							
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	$\boxtimes$						
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	$\boxtimes$						
5.	<ul> <li>Times and transfer plans are never discussed with the detainee prior to transfer.</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility.</li> </ul>				Facility policy 21-100, Release Transfer Procedures, addresses each requirement of this component.			
	<ul> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>			ı.				
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$			ICE provides the detainee with the completed Detainee Transfer Notification Form.			
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.							
8.	<ul> <li>For medical transfers:</li> <li>The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.</li> <li>Medical transfers are coordinated through the local ICE/DRO office.</li> <li>A medical transfer summary is completed and accompanies the detainee.</li> <li>Detainee is issued a minimum of 7 days worth of prescription medications.</li> </ul>							
9.								

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.								
Components	Meets Standard	Does Not Meet Standard	NA	Remarks				
10. For medical transfers, transporting officers receive instructions regarding medical issues.								
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	$\boxtimes$			The facility processes the funds and valuables and gives them to ICE for disposition.				
12. Transfer and documentary procedures outlined in Section C and D are followed.								
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.	$\boxtimes$							
14. Meals are provided when transfers occur during normally schedule meal times.								
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or suboffice.				ICE staff is responsible for the forwarding of A-files. Interviews with ICE staff indicated compliance with this component.				
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				ICE staff is responsible for the forwarding of A-files. Interviews with ICE staff indicated compliance with this component.				
PART 7 - 41. TRANSFER OF DETAINEES								
	andard	I N/A	١	Repeat Finding				
Remarks: (Record significant facts, observations, other sources used, etc.)  Interviews with both facility and ICE staff and a review of release processing procedures indicate that the facility meets the requirements of the standard for Transfer of Detainees. There are (b)(7) ICE staff assigned to this facility, including Deportation Officers who manage an ICE caseload. The Deportation Officers along with other ICE staff coordinate release processing with facility staff. ICE forms are utilized and copies placed in the detention files.  (b)(6), (b)(7)c June 1  Reviewer's Signature (b)(6), (b)(7)c								