N/A

A. Type of Facility Reviewed					
ICE Service Processing Center	G. Accreditation				
☐ ICE Contract Detention Facility	List all State or N				
☐ ICE Intergovernmental Service Agreement	ACA - August 20				
	Check box if	facility has i	no accr	editation[s]	
B. Current Inspection					
Type of Inspection	H. Problems / C				
☐ Field Office ☐ HQ Inspection	The Facility is un	ider Court Oi			
Date[s] of Facility Review	Court Order			Action Ord	ler
03/06/2012 through 03/08/2012	The Facility has S				
	Major Litigati		Life/S	afety Issue	S
C. Previous/Most Recent Facility Review	Check if None	e.			
Date[s] of Last Facility Review					
03/06/2011 through 03/11/2011	I. Facility Hist	tory			
Previous Rating	Date Built				
	March, 1998				
D. Name and Location of Facility	Date Last Remod	leled or Upgr	aded		
Name	Date New Constr	ruction / Beds	space A	dded	
Buffalo Federal Detention Facility	Bed Space Added				
Address (Street and Name)	Future Constructi	ion Planned			
4250 Federal Drive	⊠Yes □No	Date: Spring	2012 -	Segregation	on Unit
City, State and Zip Code	Current Bedspace				v Beds only)
Batavia, New York 14020	650			Date:	37
County					
Genesee	J. Total Facilit	y Population	n		
Name and Title of Facility Administrator	Total Facility Inta			months	
(Warden/OIC/Superintendent)	4,391				
Todd Tryon, Assistant Field Office Director	Total ICE Manda	ys for Previo	ous 12 r	nonths	
Telephone # (Include Area Code)	179,880				
(585) 344-5102					
Field Office / Sub-Office (List Office with oversight	K. Classification	n Le <u>vel (IC</u>	E SPC		Fs Only)
responsibilities)		L-		L-2	L-3
Buffalo	Adult Male	88		288	95
Distance from Field Office	Adult Female	N/.	A	N/A	N/A
45					
	L. Facility Cap	oacity	1		
E. ICE Information		Rated	Ope	rational	Emergency
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	650		650	834
b)(6), (b)(7)(d).CI / Nakamoto Group	Adult Female	N/A		N/A	N/A
Name of Team Member / Title / Duty Location	☐ Facility holds	Juveniles Off	enders	16 and olde	r as Adults
(b)(6), (b)(7)(c)Medical SME / Nakamoto Group					
Name of Team Member / Title / Duty Location	M. Average Da				
(t)(6), (b)(7)(c)Safety-Food Serv. CI / Nakamoto Group		IC		USMS	Other
Name of Team Member / Title / Duty Location	Adult Male	51		103	N/A
(6), (b)(7)(Security CI / Nakamoto Group	Adult Female	N/.	A	N/A	N/A
	N. Facility Staf	ffing Level			
F. CDF/IGSA Information Only	Security:		Supp	ort:	
Contract Number Date of Contract or IGSA					
N/A N/A		,	(7)		
Basic Rates per Man-Day		(b)	(7)(e)		
N/A					
Other Charges: (If None, Indicate N/A)					
N/A; ; ;					
Estimated Man-days Per Year					

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	P-47	P-11	P-12	P-18
Offenders on Offenders ¹	With Weapon	1	1	0	2
	Without Weapon	P-46	P-10	P-12	P-16
Assault:	Types (Sexual Physical, etc.)	P-1	P-1	0	P-1
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	P-1	P-1	0	P-1
Number of Forced Moves, incl. Forced Cell moves ³		0	0	1	0
Disturbances ⁴	3 4 4 4 4 4 4 4 4 4	0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		7	1	1	2
Escapes	Attempted	0	0	0	0
•	Actual	0	0	0	0
Grievances:	# Received	0	0	1	4
	# Resolved in favor of Offender/Detainee	0	0	0	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	85	85	65	90
	# Psychiatric Cases referred for Outside Care	3	3	3	1

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

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

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

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

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

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)	(b)(6), (b)(7)(c)				
Title & Duty Location	Date				
Lead Compliance Inspector, The Nakamoto Group, Inc.	03/08/2012				

Team Members		
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location	
(b)(6), (b)(7)(c) Medical, The Nakamoto Group, Inc.	(b)(6), (b)(7)(c) Food & Safety, The Nakamoto Group, Inc. Print Name, Title, & Duty Location	
(b)(6), (b)(7)(c) Security, The Nakamoto Group, Inc.		

Recommended Rating:	Meets Standards
	Does Not Meet Standards

Comments: A review of the issues identified in the ICE Uniform Corrective Action Plan, as a result of the March 2011 inspection, indicates that this facility has taken action to correct those issues. They include the following:

- The detainee handbook is current, accurate and available in Spanish.
- The rights and responsibilities and disciplinary sanctions were observed posted in the housing units in English and Spanish.
- The lines which dispense chemicals from storage units to dispensing containers have been enclosed and secured to the wall by Eco Labs to prevent detainees from accessing those chemicals.
- The food service department is monitoring the plating of food so that the food temperatures are within the required food temperatures.
- This inspection did not find any issues with the population counts even though the counts were conducted by contract custody staff instead of the food service staff.
- The facility paper log and the electronic log suffice for the G-589 log requirements.
- Post Orders for Transportation Officer were developed, approved and implemented prior to this year's inspection.
- The facility plans to build a new SMU which will have outside recreation for detainees in SMU.
- The transportation buses were found to be clean during this year's inspection.

This facility appeared to be operating in a clean, orderly, efficient manner. The facility's corrective actions indicate that the facility takes compliance with the standards seriously.

This facility does not use canine (b)(7)e

The facility does not have a medical co-pay for ICE detainees.

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



MEMORANDUM FOR:

Michael T. Phillips

Field Office Director

Ruffalo Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

Buffalo Federal Detention Facility Annual Review 2012

The annual review of the Buffalo Federal Detention Facility conducted on March 6-8, 2012, in Batavia, NY 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):

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

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

(b)(6), (b)(7)(c) Deputy Assistant Director, Detention Management Division at (202) 73(6), (b)(7)(c)

cc: Official File

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)** \boxtimes ICE Service Processing Center (SPC) **ICE Contract Detention Facility (CDF)** Name **Buffalo Federal Detention Facility** Address (Street and Name) 4250 Federal Drive City, State and Zip Code Batavia, New York 14020 County Genesee Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) (b)(6), (b)(7)(c) | Assistant Field Office Director Name and Title of Lead Compliance Inspector (b)(6), (b)(7)(c) Date[s] of Review From 3/6/2012 to 3/8/2012 Type of Review **⊠** Headquarters Operational Special Assessment ☐ Other

Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

Table of Contents

SECTION I - SAFETY

Emergency Plans
Environmental Health and Safety
Transportation (By Land)

SECTION II - SECURITY

Admission and Release Classification System

Contraband

Facility Security and Control Funds and Personal Property

Hold Rooms in Detention Facilities

Key and Lock Control

Population Counts

Post Orders

Searches of Detainees

Sexual Abuse and Assault Prevention and Intervention

Special Management Units

Staff-Detainee Communication

Tool Control

Use of Force and Restraints

SECTION III - ORDER

Disciplinary System

SECTION IV - CARE

Food Service

Hunger Strikes

Medical Care

Personal Hygiene

Suicide Prevention and Intervention

Terminal Illness, Advance Directives, and Death

SECTION V - ACTIVITIES

Correspondence and Other Mail

Escorted Trips for Non-Medical Emergencies

Marriage Requests

Recreation

Religious Practices

Telephone Access

Visitation

Voluntary Work Program

SECTION VI – JUSTICE

Detainee Handbook

Grievance System

Law Libraries and Legal Material

Legal Rights Group Presentations

SECTION VII – ADMINISTRATION & MANAGEMENT

Detention Files

News Media Interviews and Tours

Staff Training

Transfer of Detainees

Performance-Based National Detention Standards

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
1.	No Detainee or detainee groups exercise control or authority over other detainees.				The facility Emergency Plan states that no group or group of detainees will be permitted to exercise control or authority over other detainees.
2.	Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	\boxtimes			The facility Emergency Plan states that detainees are protected from; personal abuse, corporal punishment, personal injury, disease, property damage, and harassment from other detainees.
3.	Staff are trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			Staff is trained annually to identify signs of detainee unrest in the areas of: racism; heightened complaints about food; mail dissatisfaction; complaints about recreation, medical care, visiting, mail; gang activity; prohibited sexual activity; and inaccurate or incomplete information about detainee cases or facility policies.
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			Staff routinely report on facility climate and detainee attitudes to the Facility Administrator.
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			The Chief of Security, in conjunction with the Emergency Services Officer, is responsible for emergency plans. Sufficient time is allotted for development and implementation of plans.
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes			The Chief of Security maintains a list of the numbered emergency plans and accounts for the location of each one.
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			Emergency preparedness is part of initial orientation and training provided to all new employees, and all staff receive Emergency Plan training annually.

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
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.				There are no alternative means of accessing the facility. In the event of an emergency and the Main Gate becomes dangerous and impassable, staff will be directed to meet at the off-site training facility to await further instructions.
 9. The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 				
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.				Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including assistance for sensory/mobility impaired detainees.
Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			The General Plan contains procedures for notification of residents in close proximity to the facility. This notification would ordinarily be coordinated between the facility and local law enforcement.
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	\boxtimes			The facility has cooperative contingency plans between the local Sheriff's Office, City Police, and State Police.
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	\boxtimes			
14. All staff receive copies of the Facility Hostage policy and procedures.	\boxtimes			The Facility Hostage policy is reviewed during new employee orientation and annual training. Facility policy prohibits policies from leaving the facility; however, policy manuals are available for staff review.

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.

plans to quickly and effectively respond to any emergency	Jilualic	ms mat an	oc and	to minimize their seventy.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
15. (b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				(b)(7)e All hostages are screened for medical and psychological effects within twenty-four hours after release.
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	\boxtimes			A telephone number for language services is maintained in the Control Center.
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	\boxtimes			
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.	\boxtimes			The Food Service Department maintains at least a 7-day supply of emergency meals for staff and detainees.
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	\boxtimes			Written plans for locations of shut- off valves and switches for utilities are located in the Emergency Plans book.
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 	\boxtimes			There is a written plan addressing a Staff Work Stoppage in the Emergency Plans book.
21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances				Written Emergency Plans address all the Mandatory procedures required by this standard.

PART 1 – 1. EME	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	W/A	Remarks
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes			The General Plan of the Emergency Plans book contains procedures for post-emergency debriefings and discussion.
PART 1 – 1. EME	RGEN	CY PLANS	3	
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding
Remarks: (Record significant facts, observations, other sou The facility has a comprehensive set of Emergency Plans coverin inspector discussed the plans with the Emergency Safety Officer the plans.	g all req	uirements o		

(b)(6), (b)(7)(c) / <u>03/08/2012</u> Reviewer's Signature / Date

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY				
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				All chemicals and hazardous materials are stored in secure locations with individual perpetual inventories.

•	Components	Meets Standard	Does Not Meet Standard	A/A	Remarks	
		Me Star	Doe M Star	2		
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			The inventories in the kitchen, laundry, maintenance, and warehouse areas were reviewed and found to be accurate and complete.	
3.	The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.				The facility ICE Collateral Duty Health and Safety Officer maintains a master file of all Material Safety Deta Shorts (MSDS) including a	
	 The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 					Data Sheets (MSDS) including a facility diagram, legend, and emergency phone numbers. The MSDS sheets are located in all work areas.
4.	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment.	\boxtimes			Staff is provided the appropriate personal protective equipment as required by the MSDS sheets.	
•	Report hazards and spills to the designated official.				required by the MSDS sheets.	
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			The MSDS sheets were found in all work areas including the kitchen, laundry, maintenance, and warehouse areas.	
6.	Hazardous materials are always issued under proper supervision. • Quantities are limited. • Detainees are trained.	\boxtimes			Detainees using cleaning chemicals and equipment are under direct supervision at all times and all of	
	 Staff always supervise detainees using these substances. 				the elements of this component for this standard are being met.	
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			The facility has cabinets which are located in the maintenance area for flammable materials and they are used according to the recommendations.	
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes				
9.	All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			The chemical storage areas in the kitchen, laundry, maintenance, and warehouse areas were inspected and all caustic and toxic materials were in original containers and in secure areas.	

oquipmont.				
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\boxtimes			The maintenance department properly disposes of all excess flammables, combustibles, and toxic materials as required by the MSDS.
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	Products that contain methyl alcohol are not used at this facility.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	\boxtimes			The facility has a Hazardous Communication Program. New staff receives instruction during the New Employee Training Course.
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	\boxtimes			The facility is in compliance with the requirements of the National Fire Protection Association and the Occupational Safety and Health Administration.
A technically qualified staff member conducts fire and safety inspections.	\boxtimes			The facility ICE Collateral Duty Health and Safety Officer is technically qualified and conducts all fire and safety inspections.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes			The facility ICE Collateral Duty Health and Safety Officer maintains files of fire and safety inspections.
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.				The facility has a fire evacuation plan that has been approved by the Batavia Fire Department Deputy Chief.
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 				The facility ICE Collateral Duty Health and Safety Officer completes the monthly fire inspections. The facility maintains the ABC type of portable fire extinguishers in various areas of the facility. The facility has lighted exit signs. The area-specific exit diagrams are posted in the housing units and work/administrative areas of the facility.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	\boxtimes			The fire drill schedule includes all areas of the facility and they are conducted on a monthly basis. All drills are documented and kept on file.
19. A sanitation program covers barbering operations.	\boxtimes			The facility has a sanitation program that covers barber operations. Barbering services are provided by facility detainees.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			The sanitation standards are posted as required.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			The facility has a written procedure for the disposal of needles and medical sharp objects.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			This facility maintains individual perpetual inventories of items representing potential safety or security risks and staff in each area are designated to maintain these inventories.
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			The facility policy on sanitation and living conditions address both bulleted items in this component.
25. Spill kits are readily available.	\boxtimes			The spill kits are available in each housing unit sub-control office, kitchen, and maintenance areas.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility has a contract with Stericycle for bio-hazardous waste disposal.
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			The facility has a written blood borne pathogen policy and staff are trained in this policy.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			Orkin Pest Control Company provides the monthly pest control inspections and preventative spraying for insects.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The facility has on file a current certificate dated January 11, 2012 documenting the routine testing and approval of water and wastewater provided by the Batavia City Water Treatment Plant.
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			The emergency generator is tested on a weekly basis for one hour, and is also load-tested on a monthly basis for one hour. The bulleted elements of this component are being met by this facility.
32. The Facility appears clean and well maintained.				
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes			The storage rooms and cabinets located in the maintenance area were inspected and meet the required specifications.
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	\boxtimes			Inspections are completed and documented daily as required by the standard.
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	\boxtimes			
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	\boxtimes			The facility has written procedures addressing environmental health and safety; including a hazard assessment procedure for physical injuries and communicable diseases.

PART 1 - 2. ENVIRONMENTAL REALTH AND SAFETY							
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 	\boxtimes			The facility maintains health and safety conditions that meet the requirements of the six organizations listed in this component.			
PART 1 – 2. ENVIRONMENT	TAL HE	ALTH AN	D SAF	ETY			
Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding							

DADT 4 2 ENIVIDONIMENTAL HEALTH AND CAFE

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

The facility is a single story concrete, brick, and steel building with a rated capacity of 650. It was constructed in 1998 and has central heating and air-conditioning. The housing units are both single/double cell and dormitory type. The overall cleanliness was observed to be excellent. Housekeeping schedules were posted in each housing unit and the cleaning chemicals are located in locked storage closets in the dayroom area of the housing units.

The facility has a water supplied automatic sprinkler system for fire suppression in all areas including a Gaylord suppression system in the food service area. The control center monitors all fire alarm systems. The facility maintenance department conducts the required annual sprinkler inspections and has a contract with Fire Safety Systems Company for the required fire alarm inspections. Fire drills are conducted on a monthly basis and the appropriate documentation maintained by the ICE Collateral Duty Health and Safety Officer.

The staff utilizes universal precautions when dealing with blood/body fluids. They carry gloves and one-way pocket masks for rescue breathing. Blood and body fluid spill kits are available in each housing unit sub-control office, kitchen, and maintenance areas. The facility has eyewash stations located in the kitchen, warehouse and maintenance areas. Drinking water and waste water removal is provided by the city of Batavia.

(b)(6), (b)(7)(c) / 03/08/2012 Reviewer's Signature / Date

	PART 1 – 3. TRANSPORTATION (BY LAND)								
eq the	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			Records indicate that driving records comply with applicable local, state and federal motor vehicle laws. Transportation services are provided by Valley Metro-Barbosa Group.				
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	\boxtimes			Officers assigned to transport detainees on a commercial size vehicle have a valid New York Commercial Driver's License (CDL).				
3.	Supervisors maintain records for each vehicle operated.	\boxtimes			The transportation supervisor maintains records on all vehicles in the transportation fleet.				
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes			All vehicles utilized for the transport of detainees have current annual inspection documentation.				
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	\boxtimes			Vehicles which develop mechanical problems are removed from service until repairs are complete.				
6.	 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 	\boxtimes			Officers use a checklist to inspect a vehicle prior to a trip. Deficiencies are corrected before the vehicle is placed back into service.				

PA	RT 1 – 3. 1	RANS	SPOF	RTA	TION	(BY L	AND)		

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

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

in control of the detainee case.				
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
 Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area–exceeding the 10-hour limit. 				Facility policy limits transport officers' driving time to ten hours in any fifteen-hour period, and they may begin driving again only after eight consecutive hours off. They may drive no more than fifty hours in a given work week and no more than seventy hours in an eight consecutive day period. However, during an emergency, officers may drive more than the ten hours mentioned above to reach a safe area.
 8. (b)(7)(e) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there are (b)(7)e ualified officers per vehicle. An unaccompanied driver transports an empty vehicle. 				At leas(b)(7)(c)fficers with Commercial Driver's License travel in any vehicle transporting detainees.
The transporting officer inspects the vehicle before the start of each detail.	\boxtimes			A transporting officer inspects the vehicle before it is put into service.
10. Positive identification of all detainees being transported is confirmed.	\boxtimes			Positive identification is made before a detainee is placed on a transport vehicle.
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			Detainees are pat searched before boarding the transport vehicle.
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes			The transportation supervisor insures that the manufacturer's occupancy level is not exceeded.
13. All uniformed officers wear their issued body armor in accordance with the ICE Body Armor policy and/or applicable contract policy when transporting detainees.	\boxtimes			Facility policy requires that transport officers wear issued body armor when transporting detainees.
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	\boxtimes			A visual count is conducted once all detainees are seated on the vehicle. An additional visual count is made whenever the vehicle makes a stop.
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			Facility policy addresses the use of restraining equipment on transportation vehicles.

PART 1 – 3. TRANSPORTATION (BY LAND)							
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office							
in control of the detainee case.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 Officers ensure that no one contacts the detainees. One officer remains in the vehicle at all times when detainees are present. 	\boxtimes			Transport officers ensure that no one makes contact with detainees and one officer remains in the vehicle at all times when detainees are present in the vehicle.			
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes			Meals are provided for the detainees by the facility food service department.			
 18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 	\boxtimes			Transportation officers inspect meals delivered from the food service department to ensure meals are of proper quality and quantity. Bottled water is provided to detainees for consumption with the meal and the appropriate areas are cleaned as required. The vehicle inspected indicated that the elements of this component are being met.			
19. Vehicles have:				(b)(7)e			
20. The vehicles are clean and sanitary at all times.	\boxtimes			The inspected vehicle was clean and sanitary.			
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 	\boxtimes			Personal property of detainees is inventoried, inspected and transported in the rear of vans and in luggage compartments of buses to accompany the detainee.			

PART 1 – 3. TRANSPO	ORTAT	ION (BY L	.AND)						
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office									
in control of the detainee case.	in control of the detainee case.								
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks					
22. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list is not exclusively men or women or minors				All of the written procedures required by this standard are included in the contingency plans for vehicle crews.					
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	.AND)						
⊠ Meets Standard □ Does Not Meet St	andard	□ N/A		☐Repeat Finding					
Remarks: (Record significant facts, observations, other sources used, etc.) Transportation services are provided to the facility by Valley Metro-Barbosa Group. Transportation records inspected contained current documentation of inspections and driver certifications. (b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date									

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

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.

Oit	derly operations when detainees are admitted to or relea	iseu iic	ill a lacility	y.	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				The detainee orientation is conducted in the admissions holding cells, via video, which is played on a continuous loop. The video includes all of the elements of this component and it is in both English and Spanish.
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.	\boxtimes			Medical screening is performed by medical staff upon the detainee's arrival at this facility.
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	\boxtimes			At this facility the documentation accompanying the detainee is used to identify and classify each detainee. New detainees are classified upon their arrival and they are kept separate from detainees in the general population until they have completed the orientation and classification process. The classification process takes place in the admissions area.
4.	"Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			This facility only houses males, and officers of the same sex as the detainee conduct the search of detainees upon their arrival.
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes			Detainees are pat searched and are only subjected to a strip search if there is reasonable suspicion to conduct a strip search.
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.				

	PART 2 – 4. ADMISS							
	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	N/A	Remarks			
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			According to staff interviewed in Admissions, Form I-387 is used at this facility for lost or missing property.			
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			The use of climate appropriate clothing was observed during the inspection of the facility. The detainees interviewed indicated that the clothing, including jackets/coats, were sufficient for the climate at this facility.			
9.	All releases are coordinated with ICE.	\boxtimes			This facility is staffed with ICE staff and therefore all releases are coordinated by ICE staff.			
10.	Staff complete paperwork/forms for release as required.	\boxtimes						
11.	Each detainee receives a receipt for personal property secured by the facility.	\boxtimes			The receipts for personal property were observed in use during this inspection.			
12.	The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	\boxtimes			This facility keeps electronic logs and this information is also kept in the detainee's detention file.			
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.	\boxtimes			During this inspection, the Enforce Alien Detention Module was observed in use to enter information pertaining to release, removal or transfer of detainees.			
14.	All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	\boxtimes						
	PART 2 – 4. ADMISS	ION A	ND RELEA	ASE				

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

The admissions and release process was observed during this inspection. Detention files were reviewed and the appropriate documentation was observed in the files reviewed. The orientation video was being played in the holding cells and medical was conducting the initial medical health screenings. Observation of facility operations, interviews with detainees, and review of facility policies and detention files indicated a "Meets Standard" rating is appropriate.

(b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date

PART 2 - 5. CLASSIFICATION SYSTEM

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

detaillees that is based on verifiable and documented data.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes			This facility's classification system and the form used were reviewed during this inspection and the review indicated that it was an objective classification system.			
2.	 The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 	\boxtimes			Detainees at this facility are classified upon their arrival. If for some reason an individual detainee cannot be classified upon their arrival they are kept separate from the general population until they are classified.			
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			The intake/processing officers were observed reviewing the available documentation in the detention file to classify each new arrival. Additionally, completed classification forms in the detention files were reviewed which indicated that the required elements were being adhered to.			
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.	\boxtimes			The forms used to classify detainees were reviewed during this inspection - they require that only information that is factual and reliable is used to determine classification assignments. Additionally, the facility policy has a listing of the factual documentation that will be used to classify a detainee.			
5.	Housing assignments are based on classification-level.	\boxtimes			A review of the housing designations in the facility policy indicates that housing assignments are based upon classification levels.			
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes						
7.	Detainee work assignments are based upon classification designations.	\boxtimes			Work assignments per the facility policy and interviews with staff are based upon classification designations.			

PART 2 - 5. CLASSIFICATION SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	\boxtimes			At this facility each detainee's classification is reassessed at 90-day intervals until the detainee is released or transferred, even though the facility policy indicates the 90 and 120-day intervals.	
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			Detainees can appeal their classification level and classification supervisors can reduce a detainee's classification level.	
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	\boxtimes			Classification appeals are resolved within 5 business days and the detainee is notified within 10 business days of the outcome of their appeal.	
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	\boxtimes			At this facility a detainee can appeal their classification level to the facility administrator, who is an Assistant Field Office Director (AFOD).	
12.	The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes			The detainee handbook was reviewed during the inspection - it explains the classification levels and that the classification level will affect housing or restrict work assignments.	
13.	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.	\boxtimes				
	PART 2 – 5. CLASS	IFICAT	ION SYST	EM		

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

This facility has an objective classification system that uses factual, documented information to classify detainees. The facility exceeds the requirement for the review of the classification score at 90 and 120-day intervals as they classify/reclassify detainees at 90-day intervals. A review of the facility policy regarding classification, interviews with classification staff and review of the detention files indicates that a rating of "Meets Standard" is appropriate.

(b)(6), (b)(7)(c)	/ <u>03/08/2012</u>
Reviewer's S	ignature / Date

	PART 2 – 6. C	ONTRA	ABAND		
	is Detention Standard protects detainees and staff and tecting, controlling, and properly disposing of contraban		nces facility	y secu	rity and good order by identifying,
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.				Procedural guidelines for handling contraband is covered in facility policy "Contraband Control"
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes			Government property seized as contraband is retained as evidence for disciplinary action or possible prosecution.
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes			
4.	Altered property is destroyed following documentation and using established procedures.	\boxtimes			

	PART 2 – 6. CONTRABAND						
	This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes			Facility policy states that generally a religious authority shall be consulted about the handling of religious items prior to confiscation. Such consultation is not required before confiscation of religious items categorized as hard contraband.		
6.	Staff follow written procedures when destroying hard contraband that is illegal.	\boxtimes			Facility policy states that hard contraband that is illegal is disposed of using a procedure devised in cooperation with the appropriate law enforcement agencies.		
7.	 Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 	\boxtimes			Facility policy allows for hard contraband to be retained for official use as a training tool. In such cases, the items will be secured by the training officer when not in use. If it is soft contraband it is stored in the detainee's personal property.		
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	\boxtimes			The detainee handbook addresses the rules and procedures governing contraband.		
9.	Facilities with Canine Units only use them for contraband detection.			\boxtimes	A canine unit is not located at the facility and canines are not used at this facility.		
	PART 2 – 6. C	ONTRA	ABAND				

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

Facility policy outlines procedures for the handling of both hard and soft contraband. Detainees are notified of the rules and procedures governing contraband.

(b)(6), (b)(7)(c)	03/08/2012
Reviewer's Signa	ture / Date

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
d	The facility administrator or assistant administrator and epartment heads visit detainee living quarters and ctivity areas weekly.	\boxtimes			Review of log entries in housing units indicates that senior management staff visit detainee housing units at least weekly
	at least one male and one female staff are on duty where both males and females are housed.			\boxtimes	This facility does not house female detainees.
	Comprehensive annual staffing analysis determines taffing needs and plans.	\boxtimes			A facility staffing analysis is done on a monthly basis.
p	essential posts and positions are filled with qualified ersonnel.	\boxtimes			All facility personnel assume a post only after successfully completing required classroom and on-the-job training.
	every Control Center officer receives specialized raining.	\boxtimes			In order to be assigned as a Control Center officer, the employee must be employed for one year and work under an experienced Control Center officer.
6. F	Policy restricts staff access to the Control Center.	\boxtimes			Facility policy states that only authorized personnel are allowed to enter the Control Center.
7. [Detainees do not have access to the Control Center.	\boxtimes			Facility policy states that no detainee is to enter the Control Center.
8. (Communications are centralized in the Control Center.	\boxtimes			Facility communications are centralized through the Control Center.
С	facility security and safety will be monitored and oordinated by a secure, well-equipped, and ontinuously staffed control center.	\boxtimes			The Control Center is manned by (7)(equalified operators. The Control Center is equipped with camera monitors, electronic sensor monitors, radios, restraints, and facility emergency keys.
	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	\boxtimes			The Control Center maintains an employee Personal Data book which lists all personnel, telephone numbers, and estimated drive time from residence to the facility.
n	Recall lists include the current home telephone umber of each employee. Phone numbers are pdated as needed.	\boxtimes			The recall phone list maintained by Central Control is updated monthly.
12.	(b)(7)e	\boxtimes			(b)(7)e

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes			Post orders require that log books be maintained and contain routine activities, emergency situations, and unusual incidents.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			The front- entrance officer checks the ID of everyone entering and exiting the facility, and performs a security check of items being brought into the facility.
15. All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			All visits are recorded in a visitor log book.
16. The facility has a secure, color-coded visitor pass system.	\boxtimes			The facility utilizes a color-coded visitor pass system.
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			All vehicle traffic entering and leaving the facility is monitored by Central Control.
 18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit 				The officer assigned to the vehicle sally-port maintains a log of all incoming and departing vehicles. All information required by the standard is entered into the vehicle sally-port log book.
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			The sally-port officer searches all vehicles entering and leaving the facility to ensure no contraband is introduced into the facility or no detainee is hiding in the vehicle attempting to escape.
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			The facility has a comprehensive policy and procedure for the prevention of the introduction of contraband into the facility.
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.				The facility's front entrance is a double-set door design with the inner most doors secured electrically. The doors are controlled by the officer assigned to the lobby.

that racinty cocarty to maintained and that events that peo-				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes			(b)(7)e
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			Facility policy and procedures state that searches of detainee housing units and personal areas will be conducted at irregular intervals and records are maintained of the searches.
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.	\boxtimes			Security officer posts are open and located in the detainee living areas and provide a direct line-of-sight of the entire area.
26. There are post orders for every security officer post.	\boxtimes			Post Orders are located on each security post.
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			Detainee movement within the facility is by officer escort.
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes			The detainee living areas are open and the officer assigned has direct observation of the area.
29. Every search of the SMU and other housing units is documented.	\boxtimes			Facility policy requires that all searches of detainee housing areas be documented.
30. The SMU entrance has a sallyport.	\boxtimes			The Special Management Unit (SMU) has a sally-port controlled by Central Control to enter.
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				All tools entering SMU are inventoried by the SMU officer prior to entry. A tool inventory is presented to the officer by the individual in control of the tools. After the inventory is verified, the officer retains a copy of the inventory sheet. The tools are reinventoried when the tools are being removed. A copy of the inventory is maintained by the SMU officer and filed.

that facility security is maintained and that events that pose a risk of narm are prevented.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 	\boxtimes			The facility has a comprehensive security inspection policy and covers all areas required by the standard.		
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes			Post Orders require officers to conduct a security check of the area to which he/she is assigned. The results of the security check are documented in the permanent log and on the Daily Safety/Fire and Sanitation Inspection Checklist.		
34. Documentation of security inspections is kept on file.				The Daily Safety/Fire and Sanitation Checklists are maintained by the Health and Safety Officer.		
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes			The Daily Safety/Fire and Sanitation Checklists are monitored to ensure that recurring problems are brought to the attention of the appropriate manager.		
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes			The individual in charge of the tools being brought into a secure area must present a copy of the tool inventory to the security officer who inventories the tools and retains a copy of the inventory sheet. Upon exiting the secure area, the officer inventories the tools to ensure all are accounted for.		
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes			Searches of these areas are conducted and documented on the Daily Safety/Fire and Sanitation Checklist.		
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			These areas are checked on each shift and documented.		

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	Y/N	Remarks	
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes			(b)(7)e	
40. Visitation areas receive frequent, irregular inspections.	\boxtimes			Officers assigned to the visitation areas inspect hold rooms in the area and the non-contact visiting booths.	
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes			The Health and Safety Officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	\boxtimes			The Chief of Security makes monthly fence checks.	
FACILITY SECURI	TY AND	CONTRO	DL		

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

The facility has a comprehensive security and control program. Checks are made and documented at levels above those required by the standard. Documentation is maintained and easily accessible for review.

(b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
inclu facil	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.						
∐ \$ han	☐ 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.				Upon admission into the facility the detainee's money is placed in a commissary account. All valuables are inventoried and stored in locked property safes. The Supervisory Immigration Enforcement Agent has access to the valuables.		
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				The Supervisory Immigration Enforcement Agent has access to the valuables.		
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.	\boxtimes			The facility uses a "Detainee Property Inventory" form to itemize and inventory all personal property in the presence of the detainee.		
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			b)(7)(e)admission officers are present during the processing of all funds and valuables. Processing is conducted in the presence of the detainee. The funds are then placed in a monetary account for the detainee.		
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?	\boxtimes					
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes			The detainee receives the original inventory form and the other two copies are filed as required.		
7.	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes			The admission room staff forwards the detainee medication to the medical department.		
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes			All property is searched by the admission officer for contraband during processing. Each detainee receives a pat down search upon admission.		
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			Property discrepancies are immediately reported to the admission area lieutenant.		
10.	Staff follow written procedures when returning property to detainees.				The procedure required by this component is contained in facility policy.		

	PART 2 - 8. FUNDS AND	PERS	ONAL PRO	OPER	TY			
inclufacil	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	Y/N	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. By sending written notice to the detainee's last known address; via certified mail; 	\boxtimes			The facility attempts to contact an out-processed detainee by mail. The detainee is given 30 days to			
	 The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				claim his property or it is considered abandoned.			
13.	Staff obtain a forwarding address from each detainee.	\boxtimes			The forwarding address is obtained from each detainee upon admission to the facility.			
14.	It is standard procedure for)(7)(officers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes			The facility policy requires that)(7)(e officers are present when removing funds from a detainee's possession.			
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes			Receipts were maintained in numerical order.			
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.	\boxtimes						
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	\boxtimes			The logs were reviewed and the required information was recorded.			
18.	Staff tag large valuables with both a G-589 and an I-77.	\boxtimes			Large valuables were appropriately inventoried and stored.			
19.	The supervisor verifies the accuracy of every G-589.	\boxtimes						
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 	\boxtimes			The facility complies with the four bulleted items in this component.			
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes			The property bags stored in the property storage room were observed to be appropriately tagged.			

22. Staff secure every container used to store property

with a tamper-proof numbered strap.

 \boxtimes

PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are					
handled only by the ICE Field Office or Sub-Office in o	ontrol	of the det	ainee	case.	
Components	Meets Standard	Does Not Meet Standard	N/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.	\boxtimes			The logbook was reviewed and found to be in compliance with this component.	
24. In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	\boxtimes			The facility conducts the weekly audit as required.	
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.				All audits are conducted on a weekly basis and documented as required.	
26. The facility positively identifies every detainee being released or transferred.				The facility uses a photo identification wristband to positively identify each detainee that is being released or transferred.	
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	\boxtimes				
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.	\boxtimes				
PART 2 - 8. FUNDS AND	PERSO	ONAL PRO	PER'	ТҮ	
⊠ Meets Standard ☐ Does Not Meet St					
Pomarks: (Pagard significant facts, observations, other sources used, etc.)					

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

The facility has policies and procedures in place to ensure the safe storage of detainee property. Interviews with detainees revealed no complaints or grievances with regards to funds or personal property. Based on a review of documents, interviews with staff, and observations of daily activities, the facility is providing secure storage for detainees' personal property, funds, baggage, and valuables.

(b)(6), (b)(7)(c)/ 03/08/2012 Reviewer's Signature / Date

	PART 2 – 9. HOLD ROOMS	IN DET	ENTION I	FACIL	ITIES		
	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	Y/N	Remarks		
1.	The hold room is situated in a location within the secure perimeter.	\boxtimes			The facility has six hold rooms.		
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			The hold rooms were clean, well lit, in good repair, well ventilated, and all activating switches located outside the rooms.		
3.	The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			Hold rooms had sufficient seating for the rated capacity posted at each holding room.		
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			The hold rooms contain only seating benches for detainees.		
5.	Hold room walls and ceilings are escape and tamper resistant.	\boxtimes			An inspection of the walls and ceilings appeared to be escape and tamper resistant.		
6.	Detainees are not held in hold rooms for more than 12 hours.	\boxtimes			Detainees are held in hold rooms only long enough for initial processing.		
7.	Male and females detainees are segregated from each other at all times.			\boxtimes	The facility does not house female detainees.		
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			Detainees are provided with basic personal hygiene items while held in the holding rooms.		

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.			\boxtimes	The hold rooms are equipped with stainless steel toilet facilities.
 All detainees are given a pat down search for weapons or contraband before being placed in the hold room. 	\boxtimes			Detainees are given a pat down search prior to being placed in the hold room.
When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.	\boxtimes			After use by detainees and prior to the holding cell being cleaned, the officer conducts an inspection to determine the security integrity of the room. If any corrective action is required, a work order is submitted by the shift supervisor.
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 	\boxtimes			The facility has a written evacuation plan. The desk officers have the responsibility for removing detainees from hold rooms. The Post Order addresses evacuation responsibility.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	\boxtimes			Medical personnel are alerted immediately upon determination that a medical emergency exits.
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for 				The facility has posted the recommended capacity on each hold room and the elements of this component are being met at this facility.
each additional detainee. 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.				The facility was designed before 1998. However, the elements of this component are being met. The hold rooms are ADA compliant and they have combo units and modesty panels.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			\boxtimes	The facility was designed before 1998.
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.			\boxtimes	The facility was designed before 1998.

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
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			Accommodations are made for detainees of advanced age as the hold rooms are ADA compliant. The facility does not house females or juveniles.			
Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.			\boxtimes	The facility does not house minors.			
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 	\boxtimes			The facility logs all detainees placed in the hold rooms.			
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 	\boxtimes			Detainees are not housed in hold rooms at this facility for more than six hours. This facility does not house females, juveniles or infants. However, meals, snacks and drinks are provided if necessary to pregnant women and other detainees if needed.			
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes			Facility hold rooms are designed to accommodate detainees with disabilities.			
23. The maximum occupancy for the hold room will be posted.	\boxtimes			The recommended maximum occupancy is posted on each hold room.			
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	\boxtimes						
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			The facility is smoke free.			
 Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 				The facility is designed to provide direct line of site of each hold room and the bulleted sections of this component are being met.			
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES							

	⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The hold rooms are clean, well lit, well-ventilated, and in good repair. The hold rooms are used for processing detainees in and out of the facility, and no detainee is held in a hold room for an extended length of time due to the expedited admission and classification process that is utilized at this facility.						
(b)(6), (b)((7)(c) <u>03/08/2012</u>					
Reviewer's	s Signature / Date					

PART 2 - 10. KEY AND LOCK CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			The security officer assigned to key control has attended the Southern Folger Technical Training School.
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			The Key Control Officer has all duties relating to keys and locking devices within the facility.
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			The Key Control Officer provides key control training to new employees and to all employees in annual refresher training.
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			The Key Control Officer maintains a complete inventory of all keys, locks and locking devices in the facility.
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			The Key Control Officer follows a preventive maintenance program and maintains proper documentation of the program.
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Facility policy states if security keys are lost or unaccounted for, or if detainees may have made impressions of the keys, the Key Control Officer will be notified and affected locks will be changed immediately.
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			The Key Control Officer has a policy that stipulates that combinations are changed at least every twelve months or anytime a staff member with access to the combination is assigned to another post. Combinations are sealed in an envelope and stored in a safe in the Lock Shop.
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			The facility only uses dead bolt and dead bolt locks in detainee accessible areas.
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes			The facility only uses dead bolt and dead bolt locks in detainee accessible areas.
10.	The facility does not use grand master keying systems.	\boxtimes			The facility does not use a grand master key system.

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.

mai	maintained.						
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			When worn or broken keys get replaced, the bad key number and key cuts are removed and the key is cut up and disposed of as per the Detention Standard.		
12.	Padlocks and/or chains are not used on cell doors.	\boxtimes			The facility does not use chains or padlocks on cell doors.		
13.	 The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 				Facility entrance/exit door locks conform to Occupational Safety and Environmental Health Manual, Chapter 3, and National Fire Protection Association Life Safety Code 101.		
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			The operational keyboard is located in Central Control and is sufficient to accommodate all facility key rings including keys in use.		
15.	 Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	\boxtimes			Facility policy states that key rings will be identifiable, number of keys on the key ring is cited, and keys cannot be removed from issued key rings.		
16.	Emergency keys are available for all areas of the facility.	\boxtimes			Emergency keys for all areas of the facility are located in Central Control.		
17.	The facility uses a key accountability system.	\boxtimes			Accountability for all keys includes tracking the number of keys on each ring, being able to determine who has the key in their possession, and daily inventory of keys. Officers and staff are issued metal chits for the purpose of tracking equipment, radios and facility keys.		
18.	Authorization is necessary to issue any restricted key.	\boxtimes			Facility policy states that the issuance of restricted keys to employees who do not have prior authorization must be authorized in writing by the shift commander or higher authority. A Restricted Key Report Form is utilized for this purpose.		

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. Does Not Meet Standard Meets Standard Components Remarks 19. Individual gun lockers are provided. Individual gun lockers are provided for all armed employees. The gun They are located in an area that permits constant lockers are locked in th (b)(7)(e) officer observation. \boxtimes (b)(7)(e) which has constant officer In an area that does not allow detainee or public observation and no detainee or access. public access. 20. The facility has a key accountability policy and The facility has a key accountability procedures to ensure key accountability. The keys policy and procedures to ensure \boxtimes are physically counted daily. accountability. Keys are physically counted daily. 21. All staff members are trained and held responsible for Facility policy states that if any adhering to proper procedures for the handling of employee inadvertently carries keys keys. home they will be contacted and • Issued keys are returned immediately in the event required to return them to the an employee inadvertently carries a key ring facility immediately. The Chief of home. \boxtimes Security is notified immediately in When a key or key ring is lost, misplaced, or not the event of any lost or misplaced accounted for, the shift supervisor is immediately key or key ring. No detainee will be notified. issued or will handle any key or set Detainees are not permitted to handle keys of keys at any time for any reason. assigned to staff. 22. Locks and locking devices are continually inspected, Locks and locking devices are maintained, and inventoried. \boxtimes continually inspected, maintained, and inventoried on a schedule. 23. Each facility has the position of Security Officer. If The facility has a full time position not, a staff member appointed the collateral duties of \boxtimes designated as Key Control Officer. security officer. 24. The designated key control officer is the only Facility policy states that the Key employee who is authorized to add or remove a key Control Officer is the only \boxtimes from a ring. employee authorized to add or remove a key from a ring. 25. The splitting of key rings into separate rings is not Facility policy states that the authorized. \boxtimes splitting of key rings into separate rings is prohibited. PART 2 - 10. KEY AND LOCK CONTROL

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

The facility has a full-time position designated as Key Control Officer who has attended an approved locksmith training course. The keys, locks, and locking devices are well maintained and inspected. Emergency keys are tested monthly.

■ Does Not Meet Standard

(b)(6), (b)(7)(c)	03/08/2012
Reviewer's Signa	ture / Date

⋈ Meets Standard

□ N/A

Repeat Finding

PART 2 – 11. POPULATION COUNTS

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

	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.				The facility conducts counts at 2:00 AM.; 6:00 AM; 11:30 AM; 4:30 PM (standing face to photo count); and 11:30 PM.		
2.	Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			Facility policy states that all movement will cease before the count begins and remain suspended until the total count is clear and correct.		
3.	There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes			Detainees are counted and reported from the location where they are when count commences.		
4.	Formal counts in all units take place simultaneously.	\boxtimes			Facility policy states all detainees will be counted simultaneously, including those out of the facility on detail, or other categories of temporary release.		
5.	Officers do not allow detainee participation in the count.	\boxtimes			Detainees are never permitted to participate in the preparation, documentation, or operation of the count process.		
6.	A face-to-photo count follows each unsuccessful recount.	\boxtimes			The shift supervisor will order a face-to-photo count following an unsuccessful recount.		
7.	Officers positively identify each detainee before counting him/her as present.	\boxtimes			Each detainee is positively identified by the officer who counts him present.		
8.	Written procedures cover informal and emergency counts.	\boxtimes			Facility policy includes procedures for conducting informal and emergency counts.		
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	\boxtimes					
10.	Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes			Training for staff and officers is provided during new employee training and during annual refresher training and training is documented in the employee's training file.		
	PART 2 – 11. POPU	JLATIC	N COUNT	rs .			

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

Facility count policy provides comprehensive instruction in accounting for detainees and the procedures to be followed if there is a

problem clearing the count.

(b)(6), (b)(7)(c) / 03/08/2012 Reviewer's Signature / Date

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.

each officer assigned to a security post knows the procedures, dates, and t			a responsibilities of that post.		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Every fixed post has a set of Post Orders.	\boxtimes			The facility has a comprehensive set of Post Orders for all posts.	
In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.				All Post Orders are arranged in required six-part folder format consisting of: General Order, Post Order, Operations Memorandum, Procedural Guidelines, General Emergency and Acknowledgement Documentation.	
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes			A review of Post Orders showed that appropriate inserts and revisions were included.	
4. One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			A member of the facility compliance team is responsible for keeping Post Orders current with revisions that occur during the year.	
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes			The responsible member of the compliance team initiates the annual review of Post Orders for the facility.	
The facility administrator authorizes all Post Order changes.				The facility director authorizes, signs and dates all changes to Post Orders.	
7. The facility administrator has signed and dated the last page of every section.	\boxtimes			All Post Orders bear the signature of the facility director and date of signing on the last page of the order.	
8. A Post Orders master file is available to all staff.	\boxtimes			A master file of all Post Orders is available for review by staff in the Detention Office.	
Procedures keep Post Orders and logbooks secure from detainees at all times.	\boxtimes			Facility policy states that Post Orders are sensitive items and must be secured at all times.	
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	\boxtimes			All Post Orders are maintained in a secure location, even in officer stations in living units.	
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes			Supervisors ensure that officers assuming a post read and understand the Post Order of the post.	
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.				An officer assuming a different post is required to read, sign, and date the Post Order signifying the order has been read and understood.	

PART 2 – 12. F	POST C	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	
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes			Before assuming an armed post, the officer must qualify with the weapons assigned to that post.	
14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: (b)(7)e	\boxtimes			Armed posts and posts that control access to the facility's secure perimeter have Post Orders that (b)(7)e	
 Post Orders for armed posts provide instructions for escape attempts. 	\boxtimes				
16. The Post Orders for housing units track the daily event schedule.	\boxtimes			Housing Unit Post Orders require the officer to track the daily events of the unit. These events include feeding, medicine administration, mail call, etc.	
 Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. 				The Housing Unit Officer is required to maintain a log book to record detainee activity. The Post Order includes instructions for maintaining the log book.	
PART 2 – 12. F	POST C	RDERS			
Remarks: (Record significant facts, observations, other sources used, etc.) During the review, the facility Master Post Order Book was reviewed, along with individual Post Orders throughout the facility. Officers assigned to the post were interviewed regarding the respective Post Orders, as well as the member of the facility compliance team responsible for maintaining the Post Order master file. Each Post Order bears the required signature of the facility director and the date signed.					

(b)(6), (b)(7)(c) / <u>03/08/2012</u> Reviewer's Signature / Date

PART 2 – 13. SEAR(CHES O	F DETAIN	EES	
This Detention Standard protects detainees and staff ar controlling, and properly disposing of contraband.	id enha	nces facilit	ty sec	urity and good order by detecting,
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 There are written policy and procedures governing searches of housing areas, work areas and of detainees. 				This facility has written policies and procedures regarding the searches of housing areas, work areas and detainees.
 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			A review of the facility policy and interviews with staff indicates that the elements of this component are present in the policy.

PART 2 - 13. SEARCHES OF DETAINEES

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

COI	ntrolling, and properly disposing of contraband.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	\boxtimes			Facility policy and procedures require staff to avoid unnecessary force and to preserve the dignity of the detainee being searched. During the inspection, a use of force video tape was viewed in which staff attempted to avoid the use of force. Even though force was used, the detainee was treated with respect.
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	\boxtimes			The elements of this component are covered in the facility policy.
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes			Policy allows for the use of metal detectors. Routine pat down searches of detainees were observed during this inspection.
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.	\boxtimes			
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.	\boxtimes			At this facility the facility administrator or acting administrator must approve any body cavity search and there must be reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.
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			This facility has the ability to turn off the water in any cell, providing the ability to become "dry cells" once the proper authorization is obtained from the facility administrator. These cells can then be used for the detection of contraband once there is reasonable belief that a detainee had concealed contraband on or in their person.
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.	\boxtimes			Contraband is kept in a safe in central control and there is a log to maintain the chain of evidence.
10.	Canines are not used in the presence of detainees			\boxtimes	Canines are not used at this facility.
	PART 2 – 13. SEARC	HES O	F DETAIN	EES	
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⊠ Meets Standard ☐ Does Not Meet Sta	andard	□ N/A	1	☐Repeat Finding			
Remarks: (Record significant facts, observations, other sources used, etc.) The facility policy was reviewed and the pat down searches were observed during this inspection. The observation of routine pat down searches indicates that detainees are treated with respect as they are being searched. After a review of the facility policy, interviews with staff and interviews with detainees, a rating of "Meets Standard" is considered appropriate. (b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date 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			
The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			The facility has a Sexual Abuse and Assault Program and Coordinator. The Coordinator's position is currently held by a mid-level provider in the medical department, but will be assumed by a social worker when the position is filled. The program is outlined in facility policy.			
2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The facility has a written policy that was reviewed and approved by the Field Office Director on 12/22/2011.			
Tracking statistics and reports are readily available for review by the inspectors.		\boxtimes		There were no tracking statistics or reports available for review. The facility has not had any incidents or allegations and has not developed a tracking or monitoring system.			
4. All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			All staff receive training during orientation and annual refresher as required by the Detention Standard. This was confirmed by a review of the training documentation.			
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			Detainees are informed about the program in orientation and the facility's detainee handbook. The orientation program consists of a video presented to the detainees at the point of intake and it discusses sexual abuse.			
The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			The Sexual Assault Awareness Notice is posted on the bulletin boards in the housing units, as			

observed by this inspector.

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
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			The information brochure is available for the detainees.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			The intake screening form does ask questions about sexual assaultive behavior and sexual victimization.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			There have been no incidents of sexual abuse or assault during the past year. However, if they had occurred they would have been documented.
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			There have been no incidents or allegations of sexual abuse or assault by staff on a detainee in the past year. However, if this had occurred it would have been documented.
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.	\boxtimes			Although there have been no incidents or allegations in the past year, staff are familiar with the policy and procedures for reporting these issues through the chain-of-command. This is also articulated in the local policy.
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			The procedures to follow are articulated in local policy, with respect to the issues mentioned in this component. Staff is aware of these requirements in the event an incident should arise.
13.	When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			This is outlined in the policy.
14.	Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes			The policy reflects that these cases will be referred to specialized community resources for treatment and the gathering of evidence.
15.	All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator. SEXUAL ABUSE AND ASSAULT P	⊠ DEVEN			A designated staff member, the Sexual Abuse Coordinator, would maintain this documentation. There are, however, no logs or statistics since there have been no incidents or allegations. There have been no incidents of sexual abuse at the facility.

	I 🗌 N/A	☐Repeat Finding
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Remarks: (Record significant facts, observations, other sources used, etc.)

In the past year, there have been no incidents of detainee-on-detainee or staff-on-detainee sexual abuse or assault, nor have there been any such allegations. Policy and procedures are in place and staff is knowledgeable of how to proceed in the event of an incident. Since there were no incidents during the past year, this inspector was unable to determine if the practice fully complies with the requirement in the standard that all incidents be documented. However, facility policy indicates compliance with the elements of this standard.

The rating for this standard is based on an interview with the medical staff, the Staff Abuse Coordinator, and a review of the facility policy. This inspector also reviewed the training records to verify that sexual abuse training is occurring at orientation and annual refresher training. The power point presentation for annual refresher training was also reviewed.

The facility administrator does not maintain "general or investigative" files on Sexual Abuse issues. In addition, because there have been no incidents or allegations of sexual abuse or assault at this facility, there are no statistics on such incidents. The Health Services Administrator does, however, have a plan of action in place to capture statistics for reporting such incidents should they occur.

(b)(6), (b)(7)(c) / 03/08/2012 Reviewer's Signature / Date

-00	Degregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Written policy and procedures are in place for special management units.	\boxtimes			The facility has a comprehensive policy and procedures in place for the Special Management Unit (SMU).		
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes			Facility policy states that placement of a detainee in Administrative Segregation is undertaken when there is documentation warranting such action with no other alternatives.		
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	\boxtimes			Facility policy states that a detainee may be placed in Disciplinary Segregation only after an impartial due process hearing as required by the elements of this standard.		
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			Facility policy states that when a detainee is transferred to segregation, health care personnel are informed immediately to provide assessment and review as indicated by the protocols established by the health care authority.		
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	\boxtimes			Facility policy outlines the procedures in place to control and secure the SMU entrance, contraband, tools, and delivery and serving of food.		
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			Cells in the SMU are all single cells and capacity has never been exceeded.		
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			Cells in the SMU are well ventilated, adequately lit, appropriately heated and maintained in sanitary condition.		
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			A permanent housing unit log is maintained in the SMU Control Room documenting pertinent information occurring on the unit.		

degregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	N/A	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.	\boxtimes			A log is maintained in SMU indicating pertinent detainee data, including daily activities, restrictions, and release dates. The log meets all of the requirements of this standard.		
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 	\boxtimes			A log is maintained in the SMU for recording all persons entering, date and time of entrance and exit. Any unusual activity or behavior of an individual detainee is documented and a follow-up memorandum is sent through the administrator to the detainee's file.		
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 				A Special Management Unit Housing Record is maintained on each detainee, indicating all activities engaged in by the detainee as required by this standard. Medical personnel visiting the SMU sign that individual's record and the housing unit officer initials the record after the medical visit is completed.		
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.	\boxtimes			All records of a detainee released from the SMU are forwarded to the Supervisor for review and inclusion in the detainee's detention file.		

ocgregation occion for detained ocgregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.	\boxtimes			Facility policy states that a detainee is not authorized personal property upon admittance, but may request certain items by written request within seventy-two hours. List of items that can be retrieved from stored property or the detainee's previous cell include toiletries, legal papers, religious book, and authorized writing materials.		
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.)	\boxtimes			Facility policy states that conditions of confinement in the SMU will reflect the least restrictive amount of control necessary to adequately supervise and safeguard detainees and staff.		
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 provided opportunities to spend time outside their cells other than the required recreation period.		
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).	\boxtimes			Officers assigned to the SMU are to make rounds every 30 minutes to observe detainees and more often if necessary. These rounds are logged in the unit's permanent log book.		
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			The shift supervisor is required to be on the SMU at each feeding period. Additional rounds are made on an irregular schedule.		
18. The facility administrator (or designee) visits each SMU daily.	\boxtimes			Review of the SMU log book indicates the facility administrator/designee visits the SMU daily.		

ocgregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
	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 review of detainee files indicates that medical personnel visit the SMU at least once every workday. The medical visit is recorded on the detainee's Special Management Unit Housing Record and includes the requirements of this standard.	
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			Detainees are provided three nutritionally balanced meals a day, served at appropriate temperatures.	
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	\boxtimes			Detainees are afforded the opportunity to shower and shave at least three times weekly. Other services, as required by this standard, are afforded on the same basis as the general population.	
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.	\boxtimes			Only for documented medical or mental health reasons would a detainee be denied such items as clothing, mattress, bedding, linens, or a pillow. If the detainee is so disturbed that he is likely to destroy the clothing or material the medical department is notified and a regimen of treatment and control is instituted by the medical officer.	
23.	Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes			Detainees may write and receive letters while confined to the SMU.	
24.	Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes			Detainees retain visiting privileges while confined to the SMU.	
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.	\boxtimes			Visitation would only be restricted or disallowed if adequate documentation was presented.	

	ocgregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
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.	\boxtimes			Visitation would only be restricted or disallowed if adequate documentation was presented.		
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes			Detainees are never allowed to visit in restraints. All visitations are noncontact.		
28.	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	\boxtimes			All visitations at the facility are non-contact. In the event a protective custody, violent, or disruptive detainee has a visit, the route to the visiting booth is cleared of all detainees and the detainee is escorted alone to and from the visiting booth.		
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes			All visits at the facility are non-contact visits.		
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			Legal visitation for detainees is not denied.		
31.	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes			At the request of the attorney, a legal visitation booth with a partial glass panel separating the attorney from the detainee is available.		
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			Religious visits by clergy are permitted.		
33.	Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes			A book cart is located in the SMU with various types of reading material. The Recreation Specialist periodically rotates new books onto the cart and removes older ones.		

Segregation section for detainees segregated for discipling				
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	\boxtimes			Detainee's requests for legal material from personal property are accommodated within twenty-four hours of approval of the detainee's request.
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	\boxtimes			Detainees in the SMU have the same law library access as the general population. Policy states that the SMU shall be equipped with a satellite law library for everyday use by detainees. If information is not available in the satellite library, arrangements are made to take the detainee to the law library.
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	\boxtimes			A detainee may request legal documents from the law library by written request. The documents are copied and delivered to the detainee.
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 	\boxtimes			Facility policy states that denial of access must be supported by compelling security concerns, must be for the shortest period required by security and must be fully documented in the SMU log book and the appropriate notifications are made.
38. Recreation for detainees in the SMU is separate from the general population.	\boxtimes			An enclosed room with louvered windows covered with steel mesh wire to allow fresh air is provided for recreation.
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.)	\boxtimes			Facility policy states that only one detainee at a time will recreate.

degregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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 in Administrative Segregation are afforded 2 hours of recreation a day and this facility's recreation yard does have a cover and walls to protect from inclement weather.	
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	\boxtimes			A detainee is denied recreation privilege only for security or safety reasons and the appropriate notifications are made.	
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	\boxtimes				
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.					
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	\boxtimes			Detainees in Administrative Segregation and Disciplinary Segregation are permitted telephone access similar to that provided to detainees in the general population. Compelling reasons for denying telephone calls are documented.	

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

		ts	Not st ard		
Components		Meets Standard	Does Not Meet Standard	A/N	Remarks
47. A copy of the decision and jureview is given to the detainee, uncircumstances, this provision security. The detainee is give appeal a review decision to a high the facility.	nless, in exceptional would jeopardize n an opportunity to	\boxtimes			Facility policy states that a copy of the decision and justification for each review is given to the detainee. The detainee is given an opportunity to appeal the review decision.
48. After seven consecutive days Segregation, the detainee may appeal to the facility administra and recommendations of any revidetainee may use any standar communication (for example, detained to file the appeal.	exercise the right to tor the conclusions view conducted. The ard form of written	\boxtimes			
49. If a detainee has been in Administrator more than 30 days and object facility administrator reviews the whether that status should confide account the views of the detained made of the decision and the just	ets to this status, the e case to determine ontinue, taking into e. A written record is stification.	\boxtimes			
A similar review is done every 30 50. When a detainee has been he Segregation for more than 30 administrator notifies the Field of notifies the ICE/DRO Deputy Detention Management Division	Id in Administrative D days, the facility Office Director, who Assistant Director,	\boxtimes			Facility policy states that when a detainee is held in Administrative Segregation for more than thirty days, the facility administrator notifies the Field Office Director.
51. When a detainee is held Segregation for more than 60 days Director notifies, in writing, the Director, Detention Managen consideration of whether it wou transfer the detainee to a facility be placed in the general populat	ays, the Field Office e Deputy Assistant nent Division, for ld be appropriate to where he or she may	\boxtimes			
52. A detainee is placed in Disciplina by order of the Institutional Disci or equivalent, after a hearing in has been found guilty of a prohit The maximum of a 60 day san Segregation for a violation asso incident.	plinary Panel (IDP), which the detainee bited act. ction in Disciplinary	\boxtimes			Facility policy states that a detainee may be placed in Disciplinary Segregation only after an impartial due process hearing and the maximum sanction for a single incident is 60 days.

	degregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
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.				Facility policy states no detainee will be confined in Disciplinary Segregation continuously for more than fourteen days without the Assistant Field Office Director's approval. If a detainee is confined for more than 30 days the Field Officer Director's approval is requested.		
54.	Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.				Policy states that a due process hearing will be conducted before a detainee is placed in Disciplinary Segregation. The detainee is provided with the appropriate documentation with the information as required by this standard. Detainee's release is also documented as required.		
55.	The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. 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). 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. 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. All review documents are placed in the detainee's detention file.				Facility policy states that reviews will be conducted of all Disciplinary Segregation cases.		
		MANA	GEMENT	UNITS	<u> </u>		

⊠ Meet	ts Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) The Special Management Unit policy is well-written and detailed. The SMU unit is clean, quiet and well-maintained. At the time of the inspection, there were no detainees in Administrative Segregation and nine (9) detainees were in Disciplinary Segregation.						
(b)(6), (b)(7)(c) 03/	/ <u>08/2012</u>					

PART 2 - 16. STAFF-DETAINEE COMMUNICATION

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			Weekly visits are made by Supervisory Immigration Enforcement Agents (SIEAs) and Supervisory Detention and Deportation Officers (SDDOs) make the required visits.
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			The visit schedule was observed posted in the housing units that were toured during this inspection.
4.	Visiting ICE staff observe and note current climate and conditions of confinement.	\boxtimes			The unit logs indicate that ICE staff and ICE supervisors visit the units on a daily basis and note the climate and conditions of confinement.
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	\boxtimes			The ICE Detainee Request Forms are available for detainee use and were observed during this inspection.
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			Interviews with staff and a review of facility policy indicate that correspondence to ICE/ERO staff is treated as Special Correspondence.
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	\boxtimes			The secure boxes for Detainee Request Forms were observed in each of the housing units.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			ICE staff make daily checks of each housing unit and they retrieve the Detainee Request Forms that are in the locked boxes.
9.	ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			A review of the responses on ICE request forms indicates that they are being responded to within the 72 hour time frame requirement in this standard.
10.	ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			The information that detainees have a right to correspond with ICE staff is included in the detainee handbook.

PART 2 – 16. STAFF-DET	AINEE	COMMUN	IICATI	ON	
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.					
It also requires the posting of Hotline informational poster Inspector General.	s from t	the Depart	ment	of Homeland Security Office of the	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	\boxtimes				
12. Daily telephone serviceability checks are documented in the housing unit logbook.	\boxtimes			The log book was reviewed and there were daily entries on each shift indicating that the serviceability of the phones was checked by unit officers. ICE staff and ICE supervisors also checked the phones and noted their findings in the unit log books.	
PART 2 – 16. STAFF-DETAINEE COMMUNICATION					

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

Logs reviewed indicated that ICE, SDDOs, SIEAs, DOs and contract supervisors tour the units and conduct inspections of the phones. The staff supervising the units work for the Valley Metro Barbosa Group (VMBG) and the logs indicated that they also conducted daily phone inspections on each shift. The posting of scheduled visits by ICE staff was observed in the housing units. A review of the facility policy, tour of the units, review of the logs and interviews with facility staff and detainees indicate that a rating of "Meets Standard" is considered appropriate.

(b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date

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	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.	\boxtimes			The Chief of Security is responsible for developing and implementing tool control procedures and establishing 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.	\boxtimes			The warehouse is located inside the secure perimeter and all of the elements of this standard are met.
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			The department head in each area is responsible for implementing tool control procedures in that department.
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.				A chit system is utilized throughout the facility by staff to obtain equipment.
5.	Tool inventories are required for: • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory	\boxtimes			Each department listed has complete inventories of tools assigned to their area.
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			Tool inventories are conspicuously posted on all tool boards, tool boxes, and tool kits.
7.	 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			Facility policy requires inventories to be conducted at set times with a copy of the inventory report sent to the Assistant Field Office Director. Bar code labels are not required.
8.	The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous).	\boxtimes			Tools are classified as restricted (dangerous/hazardous) or non-restricted (non-hazardous).

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	W/A	Remarks
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			Department heads have instituted proper tool control procedures.
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes			Facility policy states that all tools are properly marked. Each department has instituted a program that clearly marks tools assigned to their area.
11.	 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				
12.	Tools removed from service have their shadows removed from shadow boards.	\boxtimes			Facility policy requires that when a tool is removed from service the shadow for that tool on the shadow board is painted over.
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes			Tools not adaptable to a shadow board are stored in locked cabinets or drawers.
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			No tools are issued to detainees.
16.	There are policies and procedures to address the issue of lost tools. The policy and procedures include: • Verbal and written notification. • Procedures for detainee access. • Necessary documentation/review for all incidents of lost tools.	\boxtimes			The facility has in place policy to address procedures for addressing lost tools which meet the requirements of the bulleted sections of this component.
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes			The facility has in place a procedure to properly dispose of broken or worn out tools.

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		
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.	\boxtimes			Private or contract vendors entering the facility are directed to the front lobby to have tools inventoried. Another inventory is conducted prior to departing to verify that all tools are accounted for.		
 Hoses longer than three feet in length are classified as a restricted tool. 	\boxtimes			Tool room personnel treat hoses, ropes and electrical extension cords longer than three feet as restricted tools.		
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.				Scissors located at the counter in the in-processing area are tethered to the counter.		
PART 2-17. TO	OL CC	NTROL				
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

PART 2-17, TOOL CONTROL

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

Facility tool control policy provides clearly defined guidelines for the inventory, issuance, and disposal of tools. A chit system is used for the issuance of tools in the facility. No tools are issued to detainees.

(b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date

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.

		, E	t E		
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	(MANDATORY) The facility has a Use of Force Policy.	\boxtimes			The facility has a use of force policy that provides staff with policy and procedural guidelines for the proper use of force when required.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			Facility policy states that officers may immediately use force when behavior constitutes an immediate, serious threat to the detainee, staff, others, property, or to facility security and good order.
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	\boxtimes			Facility policy states that when the detainee is in an area that can be isolated and posing no direct threat, the situation will permit the use of other staff in attempting to resolve the situation in a non-confrontational manner.
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			Facility policy states that calculated use of force in lieu of immediate use of force is feasible in most cases.
5.	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			Facility policy states that, in situations that permit, based on the assessment of all of the information, the ranking detention official, health professionals, and others, a determination will be made if use-of-force is necessary.
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. • Under staff supervision.	\boxtimes			Facility policy states that when time permits a calculated use of force, the Use-of-Force Team Technique will be used under staff supervision when a detainee must be forcibly moved and/or restrained.
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			Facility policy requires that all staff members be trained in the Use-of-Force Team Technique.
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			Facility policy states that all use-of- force incidents are documented and reviewed by the facility director.

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	A/A	Remarks
O All use of force incidents are preparly decorporated	Sta	Do N Sta		
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			Facility policy requires that all use of force incidents be properly documented and forwarded for review as set forth by the standard.
 10. Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	\boxtimes			Facility policy states that force is never to be used as punishment, and that attempts should be made to gain the detainee's voluntary cooperation before resorting to force. Only the minimal amount of force is to be used to gain necessary control. The use of restraints is to be used only when other nonconfrontational means have failed.
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			Medication for restraint purposes must be authorized by the Medical Authority. Medication for restraint purposes has not been authorized by the Medical Authority in the past twelve months.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			Facility policy states that any staff member participating in a calculated use-of-force wears appropriate protective gear and is trained on communicable diseases during orientation and refresher training.

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
 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up." 				A facility policy meeting the requirements of the elements of this standard is in place; however, four or five point restraints have never been used.
14. The shift supervisor monitors the detainee's position/condition every two hours.He/she allows the detainee to use the restroom at these times under safeguards.				Facility policy states that the shift supervisor shall monitor the detainee every two hours, and allow the detainee to use the restroom if the risk to the facility's security and good order has been reduced.
15. All detainee checks are logged.	\boxtimes			Facility policy requires that checks on the detainee be logged.
 In immediate-use-of-force situations, officers contact medical staff once the detainee is under control. 	\boxtimes			Medical staff is notified promptly after an immediate-use-of-force situation, and the detainee is taken immediately to the medical unit for evaluation.
 17. When the Facility Administrator authorizes use of non-lethal weapons: Medical staff are consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	\boxtimes			Medical staff is consulted prior to the use of non-lethal weapons to evaluate the detainee's medical status.
18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.	\boxtimes			
 If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. 			\boxtimes	(b)(7)e
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted			\boxtimes	Female detainees are not housed at this facility.

	PART 2 – 18. USE OF FO	RCE A	ND REST	RAIN	TS	
resc	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	V/N	Remarks	
21.	Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes			Facility policy states that staff wear appropriate protective clothing when dealing with detainees in a calculated use of force, and are trained on communicable diseases.	
22.	Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes			Facility policy requires that every use of force be documented.	
23.	It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			Facility policy states that after a use of force situation a debriefing of the incident will occur.	
24.	All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring	\boxtimes			Staff receive annual refresher training in self-defense and classes in dealing with detainees.	
	they are certified in all devices approved for use.				in dearing with detainees.	
25.	All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	\boxtimes			(b)(7)e	
26.	The use of canines is restricted to contraband detection purposes only.			\boxtimes	Canines are not used in this facility.	
27.	The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes				
28.	In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes			The ICE Use of Force Form is used in this SPC facility.	
	PART 2 – 18. USE OF FO	RCE A	ND REST	RAIN	TS	
Remarks: (Record significant facts, observations, other sources used, etc.) The facility provides staff with comprehensive policy and procedure guidelines for the proper use of force techniques when required, and the proper application of restraints. Confrontational Avoidance Procedure is the preferred method of dealing with unruly or violent detainees, if time permits.						

(b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date

Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

PART 3 - 19. DISCIPLINARY SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			Facility policy utilizes a disciplinary system with progressive levels of reviews and appeals.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			Facility policy states that disciplinary actions shall not be capricious or retaliatory.
3.	Written rules prohibit staff from imposing or permitting the following sanctions:				
	corporal punishment				
	deviations from normal food service				
	clothing deprivation				Facility policy prohibits imposing
	bedding deprivation			Ш	or permitting any of the bulleted sections of this component.
	denial of personal hygiene items				1
	loss of correspondence privileges				
	deprivation of legal access and legal materials				
	deprivation of physical exercise				
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			The Detainee Handbook and the detainee orientation video contain the rules of conduct, sanctions, and procedures for violations. These are presented to the detainee upon entry to the facility.
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	\boxtimes			Rights and responsibilities, prohibited acts, disciplinary severity scale, and sanctions are posted in both English and Spanish on the bulletin boards in each housing unit.
	• Sanctions				
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes			Facility policy states that minor infractions that do not have serious detainee and facility management implications may be resolved through an informal process.
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes			All written incident reports and notice of charges are submitted to the appropriate supervisor before the end of the assigned shift.

PART 3 - 19. DISCIPLINARY SYSTEM

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

Component	s	Meets Standard	Does Not Meet Standard	N/A	Remarks
Incident Reports are investigathe incident. The Unit Discipling or equivalent does not convenend.	nary Committee (UDC)	\boxtimes			Facility policy states that all incident reports shall be investigated within twenty-four hours of the incident.
An intermediate disciplinary adjudicate minor infractions.	process is used to	\boxtimes			
10. A disciplinary panel (or e adjudicates infractions. The p	anel:				
 Conducts hearings on all of allegations referred by the 					The Institutional Disciplinary Panel is made up of a three-person panel
 Considers written reports, evidence, and oral testimo 				appointed by the facility administrator, or a one-person disciplinary hearing officer. The	
 Hears pleadings by detain representative 	ee and staff			hearing officer or panel adheres to all of the bulleted items in this	
 Bases its findings on the pevidence 	reponderance of				component.
 Imposes only authorized s 	anctions				
11. A staff representative is available detainee facing a disciplinary h		\boxtimes			A detainee may request, and be appointed, the services of a full-time staff member to represent him during the hearing.
12. The facility permits hearing continuances when condition continuance. Reasons are do	ons warrant such a	\boxtimes			In cases where a hearing is delayed, the reason(s) must be documented and approved by the facility administrator.
13. The duration of punishmen Administrator, as recommend panel does not exceed estab maximum time in disciplinary exceed 60 days for a single of	led by the disciplinary blished sanctions. The segregation does not	\boxtimes			Facility policy does not allow an extended stay in disciplinary segregation over sixty days.
Written procedures govern confidential-source information criteria for recognizing "substate".	n. Procedures include	\boxtimes			Information from a confidential source will be given to the hearing officer out of the presence of the detainee.
 All forms relevant to the i committee/panel reports, etc distributed as required. 		\boxtimes			All relevant forms are distributed to the appropriate disciplinary file and detention file.
	PART 3 – 19. DISC	PLINA	RY SYSTE	EM	
⊠ Meets Standard	☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.)
The facility disciplinary system and policy and procedure conform to the ICE PBNDS.

(b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date

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

	in a sanitary and nyglenic food service operation.					
	Components	Meets Standard	Does Not Meet Standard	A/N	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.	\boxtimes			The food service department is staffed and operated by the Valley Metro Barbosa Group. The Food Service Administrator (FSA) is currently ServSafe certified.	
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			The Assistant Food Service Administrator is on duty when the Food Service Administrator is not on duty.	
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	\boxtimes			The FSA provides initial training including 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	\boxtimes			The food service department has a secure knife cabinet. It is located in a locked storage area. The key to the cabinet is restricted and can only be issued to the FSA or Assistant Food Service Administrator.	
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	\boxtimes			The knives are not tethered as they are only utilized by the food service staff in a secure cutting room where there is no detainee access. The FSA monitors the condition of the dining utensils.	
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes				
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			The kitchen area is searched on a regular basis by the facility detention officers.	
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.				The counts are completed by the facility detention officers in accordance with the facility procedures. The counts are not conducted under the supervision of the FSA because the officers do not report to the FSA. However, the FSA is present when counts are conducted. Counts are conducted in accordance with facility policy and the counts are reconciled.	

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	\boxtimes			The detainees are monitored on a daily basis with the results recorded on the "Food Service Opening Checklist". The detainee workers were observed to be neat and clean.
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			The FSA trains newly assigned detainee workers on all equipment and work practices.
12.	 During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 	\boxtimes			The FSA trains newly assigned detainee workers in the rules and regulations of the food service department.
13.	The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			The training is documented in individual files that are located in the storage room area.
14.	Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.	\boxtimes			The detainee workers are paid \$1.00 per day in accordance with local regulations.
15.	Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			The facility serves two (2) hot meals and meals are served at 6:30 A.M., 11:30 A.M., and 5:00 P.M.
16.	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	The facility uses a satellite feeding program.
17.	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			The facility uses a 35-day menu cycle.
18.	(MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	\boxtimes		☐ (b	The facility menu has been certified by a registered dietitian, License #)(6), (b)(7)(C) ny revisions require the menu to be re-certified by the dietitian.

in a sanitary and hygienic rood service operation.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			The facility uses U.S. Armed Forces recipes, which comply with the master-cycle requirement.	
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 	\boxtimes			The Assistant FSA has the authority to change the menu items. The FSA is notified and the changes are noted on the menu.	
21. All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			The food service staff follow all recipes and preparation procedures.	
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provide hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 				The Common Fare menu can be changed at the facility level. Hot entrees are offered at least three times a week. The facility uses disposable plates and utensils for common-fare diet items, and has separate cutting boards, knives spoons, etc., for preparation. The common-fare menus have been certified to meet nutritional recommended daily allowances. The food service department does not provide a hot water urn for reconstituting instant beverages, but each housing unit has a microwave oven for heating water.	
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.				The facility Chaplain approves all special diets relating to religious beliefs.	
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	\boxtimes			The facility chief of security has the approval authority to remove a detainee from the Common Fare Program.	
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes				

in a sanitary and hygienic food service operation.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 				The facility provides Ramadan meals, Kosher meals, and meatless meals as required for Lent.
27. The food service program addresses medical diets.				The medical department approves all medical diets and notifies the FSA of all requirements. The food service program provides medical diets such as: dental soft, diabetic, and low sodium.
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			The detainee servers were observed using hair nets and wearing food service type gloves during the serving of the food trays in the housing units.
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			
30. All meals provided in nutritionally adequate portions.	\boxtimes			The meal portions have been nutritionally analyzed and certified by a registered dietitian.
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes			The facility does not use food to punish or reward detainees based on their behavior.
 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 	\boxtimes			Training on the three bulleted items are conducted and documented by the Food Service Administrator in each detainee training file.
33. Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			The facility has an appropriate HACCP (Hazard Analysis Critical Control Point) program.

Components		Meets Standard	Does Not Meet Standard	N/A	Remarks
34. (MANDATORY) The facility implementatives for the administrative, modietary personnel conducting the weekly all food service areas, including direquipment, and food-preparation areas	edical, and/or inspections of hing, storage,	\boxtimes			The procedure required by this component is contained in facility policy. The FSA and the facility quality assessment team conduct a weekly inspection of the food service department.
Reports of discrepancies are forwarded Administrator or designated department corrective action is scheduled and compared to the corrective action is scheduled.	ent head and	\boxtimes			All reports and discrepancies are forwarded to the maintenance department and corrective action is implemented.
36. (MANDATORY) Standard procedu checking and documenting tempera dishwashing machines after each meal, with the Detention Standard on Food S	atures of all in accordance	\boxtimes			The department documents the temperature checks on a "Daily Dish Machine Time and Temperature Chart". The previous thirty days of entries were reviewed with no discrepancies found.
37. (MANDATORY) Staff document the re refrigerator/ freezer temperature check, with the Detention Standard on Food S	in accordance	\boxtimes			The department documents the temperature checks on a Refrigerator and Freezer Temperature Log. The previous thirty days of log entries were reviewed with no discrepancies found.
38. The cleaning schedule for each food s conspicuously posted.	ervice area is	\boxtimes			
39. Procedures include inspecting all ir shipments for damage, contamination infestation.		\boxtimes			Incoming food shipments are inspected for proper temperature, damage, and contamination by the FSA or the Assistant FSA.
40. Storage areas are locked when not in ι	ıse.	\boxtimes			
41. Food service personnel conduct shake with detention staff.	edowns along	\boxtimes			
42. In SPCs only: The ICE supervisor on that ICE officers participate in supervision.		\boxtimes			The facility uses a satellite feeding program with the detainees eating in the dayroom of the housing units. ICE supervisory staff monitors the meals on an irregular basis.
43. Menus are certified by a registered divided being incorporated into the Food Service.	ce Program.	\boxtimes			The menu has been certified by a registered dietitian prior to incorporation into the food service program.
44. In SPCs only: the FSA prepares of estimates for the Common Fare P quarterly estimate is factored into budget.	rogram. This				The FSA prepares the cost estimates for the quarterly budget.

PARI 4 – 20. F	OOD S	ERVICE		PART 4 – 20. FOOD SERVICE				
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	ed a nutr	ritionally ba	llanced	d diet that is prepared and presented				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes							
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.				The stock rotation is done on a First In, First Out (FIFO) method.				
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			Detainees are served their meals in their housing units and are given sufficient time and space to eat their meals.				
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.	\boxtimes			The New York State Department of Health conducted an inspection on February 22, 2012. The department received a satisfactory rating.				
Corrective action is taken on deficiencies, if any.	<u> </u>		<u> </u>	10001104 4 54112-15-5				
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes							
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.	\boxtimes			The appropriate Material Safety Data Sheets are maintained by the Food Service Administrator.				
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 has a contract with Orkin Pest Control Company for monthly pest control inspections and preventative spraying for insects.				
FOOD S	ERVIC	E						
	andarc	d □ N/A		☐Repeat Finding				

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

The food service department is supervised and staffed by the Valley Metro Barbosa Group. The facility uses detainees as workers in the food service department for cleaning and sanitizing meal trays, utensils, and equipment. They do not participate in the preparation of the food items. The detainees are medically screened prior to working in the food service department. The menus have been nutritionally analyzed, certified and approved by a registered dietitian. The meals are prepared from approved U.S. Armed Forces recipes by Valley Metro Barbosa Group food service staff.

The serving of the noon meal on March 8, 2012 was observed. The facility uses a satellite feeding procedure with the detainees eating their meals in the dayroom area of the housing pods. The food is plated onto covered plastic trays, and delivered in locked metal carts to the housing units under the supervision of a detention officer.

Sanitation of the food service department was found to be good during the review. The kitchen restrooms are supplied with hot water, hand soap and disposable towels. The dry storage areas were clean and well-organized. The stock rotation is done on a First In, First Out (FIFO) method.

Based on a review of documents, staff interviews, observation of food preparation and serving; the facility is providing ICE detainees with nutritious and attractively presented meals.

(b)(6), (b)(7)(c)	03/08/2012
Reviewer's Signa	ture / Date

PART 4 – 21. HUNGER STRIKES This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike. Meets Standard Does Not Meet Standard Components Remarks 1. When a detainee has refused food or observed to It is the policy and practice of the have not eaten for 72 hours, it is standard practice for facility to refer a detainee to the staff to refer him or her to the medical department. \boxtimes medical unit after a 72 hour period. The staff is knowledgeable concerning this requirement. 2. Facility immediately reports via the chain of command The ICE chain-of-command is a hunger strike to ICE/DRO. \boxtimes immediately notified of a detainee who is on an actual hunger strike. 3. The facility has established procedures to ensure staff The facility has a policy that respond immediately to a hunger strike. \boxtimes describes the procedures for how staff will respond to hunger strikes. 4. Policy and procedure require that staff isolate a A hunger-striking detainee is placed X hunger-striking detainee from other detainees. in one of the medical observation cells in the Special Housing Unit. Medical personnel are authorized to place a detainee At this facility, the medical in the Special Management Unit or a locked hospital observation cell is located in the room. \boxtimes Special Housing Unit. Medical personnel are authorized to place the detainee in the unit. Medical staff record the weight and vital signs of a The Medical staff records the vital hunger-striking detainee at least once every 24 hours. signs every 24 hours, as reflected in \boxtimes policy and a review of a medical 7. The facility medical authority obtains a hunger striker's The medical staff obtains consent consent before medical treatment. \boxtimes from the detainee before medical treatment is rendered.

PART 4 - 21. HUNGER STRIKES

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. 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.	\boxtimes			As reflected in the facility policy, if a detainee refuses medical evaluation or treatment, a "Refusal of Treatment" form is presented to the detainee.
 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			All meals are presented to the hunger-striking detainee, as delineated in the facility policy.
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	\boxtimes			According to the policy and the medical staff, the supply of drinking water is maintained for the detainee.
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			All food items are removed from the observation cell, as reflected by the facility policy.
12. 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			Fluid intake and food consumption is recorded on the I-839 and maintained in the medical file.
13. The medical staff have written procedures for treating hunger strikers.	\boxtimes			Anytime a detainee is determined to be on a hunger strike, and placed on "hunger strike" status, the Health Services Administrator "pulls" the policy and it is reviewed by all of the medical staff, as a refresher for management and treatment purposes.
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.	\boxtimes			All treatment attempts are documented in the medical file, including counseling as to the medical risks associated with the hunger strike.
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.	\boxtimes			All detention staff receive orientation and annual refresher training in this area. Medical staff receive training as well, and as mentioned previously, anytime a detainee is placed on hunger strike, all medical staff are "refreshed" as to the policy for management and treatment.
PART 4 – 21. HU	NGER	STRIKES		
	andard	□ N/A		☐Repeat Finding

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

During the past year, the facility has had one hunger striking detainee. From a review of the medical record, the practices conformed to the policy requirements. Staff was able to accurately articulate the proper procedures to follow in the event of a hunger strike. Anytime a detainee is on an actual hunger strike, there is a good practice of refreshing all medical staff on the policy. There were no hunger-striking detainees during the inspection.

The rating for this standard was based on interviews with medical staff, a review of a medical record, and reviewing training records to confirm that orientation and annual refresher training is being done in this area.

(b)(6), (b)(7)(c) / 03/08/2012 Reviewer's Signature / Date

	verticon and nearly education, 30 that their nearly care				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.				The medical unit is accredited by the National Commission on Correctional Health Care (NCCHC) and went through re-accreditation the week prior to this inspection. Although the official report has not been prepared or presented to the facility, The Health Services Administrator indicates that no significant issues were reported. The medical unit is managed and, in part, staffed by the Immigration Health Services Corps (IHSC) staff. To augment staffing, they have a contract with STG medical that provides primarily the nursing staff. The facility has a "Clinical Laboratory Improvement Amendment of 1988 waiver," but it was noted that it is set to expire on 03/12/2012. The facility is also accredited by the American Correctional Association.
2.	The facility's in-processing procedures of arriving detainees include medical screening.				The facility has a medical intake screening process performed by assigned medical staff. Upon completion of the intake screening, the form is then reviewed by another Registered Nurse or by a mid-level practitioner. This was verified by a review of the medical files.
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.				This inspector reviewed the staffing plan that has the positions essential to fulfilling the medical mission of the unit. The medical authority reviews the plan at least annually. There are (b)(7)(e) full-time positions in the medical unit. There is a full-time Clinical Director, a full-time Dentistb)(7)(e) mid-level practitioners (b)(7)(e) Registered Nurses, and b)(7)(e) Registered Nurses. There are b)(7)(e) ontract Psychiatrists that work six hours a week. The facility also has a telepsychiatry program.

prevention and health education, so that their health care needs are thet in a timely and emicient mariner.					
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	\boxtimes			In terms of the oral information, it is presented to the detainees at the point of medical intake screening. The detainee handbook contains the necessary information for guidance in terms of how to access medical care at the facility.
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				The medical unit is staffed on a twenty-four hour, seven days-a-week basis and can manage most medical issues that may arise. There are two automated external defibrillators on-site (one in medical and one in the admissions area). All staff is trained in cardio pulmonary resuscitation. The Clinical Director is the on-call provider and outside resources are available for emergent care if needed.
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	\boxtimes			Medical staff, and direct care staff, receive the tuberculosis test prior to their job assignment. Thereafter, staff receives it on an annual basis. In regard to the hepatitis B vaccine, the IHSC staff are required to have the vaccine. Contract staff has the option of receiving it.
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.	\boxtimes			A review of the credentialing files reflected that the medical staff are properly licensed, the licenses are current, and have job descriptions that govern their duties and responsibilities.
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			All detainees admitted to the facility receive a detainee handbook that is available in Spanish. The handbook describes the procedures for how to access medical care via the sick call process.
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	\boxtimes			The facility assures that new hires undergo a credentialing process that confirms current licensure, certification, or registration. The files and licenses are current and up-to-date. The credentialing is in line with the standards as promulgated by the NCCHC.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 				The intake screening is conducted by medical staff and it is performed at the point of admission to the facility. The screening is inclusive of medical, mental health and any dental issues. The intake screening form is reviewed by either another Registered Nurse or a mid-level practitioner, for quality control purposes.
11. (MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	\boxtimes			The medical staff conducts the medical intake screening and if there is an issue with translation, they will seek the assistance of a staff member or use a dedicated telephone line for this purpose.
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			Although the medical unit is rather small for the number of staff and size of the facility, it has sufficient space to provide detainees with privacy during medical care. The mid-level providers, clinical director, and nurses who provide sick-call have private space for health care delivery.
 The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter. 	\boxtimes			The medical unit is located within the secure perimeter of the facility and the access is restricted.
14. The medical facility entrance includes a holding/waiting room.	\boxtimes			There is a holding area immediately inside of the entrance to the medical unit.
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			There is a correctional officer that is assigned to the holding area and manages the traffic flow from the holding area to the medical unit. There is another correctional officer assigned to the clinic for supervision and security purposes.
Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			Although the toilet and drinking fountains are not in the holding area, the detainees have access to these facilities in the medical unit if they need or request it.

provention and median education, so that their median edic			Theeds are met in a timery and emolent manner.				
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
17.	 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			The medical files are maintained in the medical unit and maintained separately from the detention files. They are in a designated room in the medical unit which has restricted access to authorized personnel. The room is lockable. No copies of medical records are reproduced and placed in the detention files.		
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 the detainee at the point of admission. If there is an intrusive medical procedure, such as dental, a specific consent form for the procedure is obtained and was observed during the medical file review.		
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Detainees sign and execute a form 1-813, to release confidential medical records to outside sources.		
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			The Health Services Administrator is advised of any impending release, transfer, or removal of a detainee.		
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			The medical record is transferred with the detainee, along with a transfer summary.		
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			When the detainee is transferred, the medical records are placed in a sealed envelope and appropriately marked with identifying information and marked "medical confidential".		
23.	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			Medical screening does include a tuberculosis (TB) test on all detainees admitted to the facility, which is administered at the point of reception. A review of fifteen medical files reflected compliance with this component, in terms of administering and reading the tests.		

prevention and health education, so that their health care needs are met in a timery and emicient manner.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
24.	 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 				All detainees receive a mental- health screening upon arrival by the medical staff in admissions. This is performed prior to the detainee's assignment to a housing unit. The intake screening form indicates whether the detainee is suitable for the general population.
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			The intake screening form is reviewed by either another Registered Nurse or a mid-level practitioner.
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.				A health appraisal and physical examination is performed on each detainee normally within ten days. The exam is conducted by a midlevel health care provider.
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Detainees who are confined to the Special Management Unit have similar access to medical care as those detainees in the general population. In addition to medical staff visiting the unit on a daily basis and making rounds, the detainees can also submit a sick call request to medical staff for consideration. Additionally, medication administration staff visit the unit on a daily basis.
28.	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 				Sick call request slips are available to the detainee population, both in English and Spanish. The detainee fills out the request and places it in the appropriate mail box for medical staff. The medical staff picks-up the slip on the morning shift and is triaged by a Registered Nurse that same day (within 24 hours) Depending on the nature of the request; the detainee is seen the following day for sick call by the Registered Nurse. If the medical situation warrants it, the detainee is referred to a mid-level practioner.

prevention and health education, so that their health care needs are met in a timely and enicient manner.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			The facility has a written plan for the delivery of 24-hour emergency health care, although the unit is staffed on a twenty-four hour basis. There is a list of phone numbers to contact for emergency purposes.
30.	The plan includes an on-call provider.	\boxtimes			The on-call provider is the Clinical Director.
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			The plan includes a list of external medical services that are available in the time of an emergency.
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Security and safety procedures are outlined in the plan to consider when there is an emergency situation.
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	\boxtimes			The medical unit conducts periodic "man-down" drills", which essentially trains medical staff in properly responding to medical emergencies, within the 4 minute required response time. The detention staff is also trained in the area during orientation and annual refresher, as reflected by a review of the training records.
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Detention staff do not dispense medications as this is a sole responsibility of the medical staff.
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				The facility has a pharmacist and a pharmacy technician. Pharmaceuticals and over-the counter medications are stored and maintained in the pharmacy. Medication administration is conducted on either the medical unit or with medication carts that visit the housing units for dispensing. An observation of the medication administration practices reflected sound practices for both safety and security.

·	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	 (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				The Pharmacy, which is under the supervision of an IHSC pharmacist, has a formulary which is followed for the dispensing of medications to the detainee population. If a medication is indicated that is not on the formulary, a request is sent to the PNT (Pharmacy and Therapeutic) who reviews the request for approval. There is a policy in place for the management of pharmaceuticals. Controlled substances are maintained in a locked cabinet in the pharmacy. Syringes and needles are maintained and controlled in secure areas, with perpetual inventories being maintained. A "spot" check of the diabetic syringes reflected an accurate count and was in agreement with the log book.
37.	 All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				The pharmacy is located in a secure area, where the pharmaceuticals are stored. It has restricted access and the door is controlled by the pharmacy staff. The walls are solid from the floor to the ceiling and there is a solid ceiling. A solid core entrance door with a security lock is in place.
38.	 In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				The pharmacy has a locking pass-through window, but it is not used for the normal dispensing of medication. The management of the pharmacy is in accordance with state and federal law. The pharmacy staff is licensed and credentials are current. A review of the Medication Administration Records reflected that they are being maintained properly, timely, and in accordance with physician orders.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	\boxtimes			Written records of medication given to detainees are maintained in the Medication Administration Records. If a detainee needs a prescription, it is written and ordered by the clinical director or mid-level provider.
40.	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 				The facility medical unit is staffed on a twenty-four hour basis, and only the medical staff distributes medication.
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			\boxtimes	The detention staff does not dispense medication at the facility, as this is the sole function of the medical staff.
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			If a special needs detainee comes into the facility or if one should develop while at the facility, the Facility Director is notified via an email from the medical department.
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			Policy and procedures are in place for independent examinations by other outside medical providers.

prevention and nearth education, so that their health care needs are met in a timely and emicient manner.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The facility has an infection control plan that addresses all of the elements associated with this component. Flu shots are provided to the population on an annual basis.
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Any detainee who has a communicable disease is placed in isolation, in one of the medical observation cells in the Special Housing Unit. Both of the observation cells have "negative airflow."
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 detainee arrivals are screened for TB and the primary method is the mantoux (PPD). A review of fifteen medical files reflected that PPD tests for TB are being administered at the point of admission and read in a timely manner. If a detainee should not be screened, for whatever reason, they would be housed separately from the general population.
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			The facility has two medical observation cells (located in the Special Housing Unit) and both are negative pressure. Detainees that are symptomatic of TB are placed in one of these cells for isolation purposes.

prevention and health education, so that their health care			Tiodas are motin a uniony and emotern mariner.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			There is a transportation system available at the facility that is adequate in terms of providing timely access and response to health-related issues and/or emergencies. If outside transportation is needed, the facility can call for an ambulance.		
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	\boxtimes			Chronic care clinics are available at the facility. The clinics are managed by the mid-level practitioners, for the most part, but the clinical director will see the more problematic cases. A treatment plan is developed for these cases.		
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.			\boxtimes	The facility does not house female detainees.		
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	\boxtimes			The facility has chronic care clinics in asthma, hypertension, diabetes, HIV/AIDS, seizure disorders, TB and other chronic conditions. These clinics are primarily managed by the mid-level practitioners, with the Clinical Director becoming involved in the more difficult cases.		
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 who has special medical or mental health needs, usually via e-mail notification.		
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.				There is a full-time dentist at the facility that provides emergency and routine dental care. He also does minor oral surgeries but if a case is outside of his expertise, he will refer the detainee to an outside oral surgeon.		

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.				This activity is currently being performed by a mid-level provider. The facility is actively seeking a social worker to coordinate this activity. They have a contract with (b)(7)e sychiatrists who provide 6 hours of service to the detainee population. Additionally, a telepsychiatry program for selected detainees is available two hours a week. If a detainee is referred for an evaluation, there is timely follow-up with the case and a report is prepared. The evaluation is performed within 14 days.	
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			Crisis intervention services are available to the detainee population, if they have an acute episode. The first-line staff member to be involved with crisis intervention would be currently the mid-level practitioner or, in the future, the social worker.	
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			Medical and mental health procedures are conducted in private areas/offices on the medical unit. The facility does not house female detainees.	
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	\boxtimes			A detainee who has been referred for mental health treatment receives an evaluation within 14 days. This was evidenced by a medical file review that contained an evaluation within 14 days of referral.	

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
he mi co su sp	PANDATORY) Restraints for medical or mental calth purposes may be authorized only by a qualified edical or mental health provider, after reaching the enclusion that less restrictive measures are not accessful. The facility has written procedures that becify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form.				The facility does not use restraints for medical purposes, as per their policy. Chemical restraints are only authorized by the clinical director and have not been used in the past year. If chemical restraints are used, the policy delineates and covers all of the elements mentioned in this component.
ps ap ph	ANDATORY) Involuntary administration of sychotropic medications to detainees complies with oplicable laws and regulations and the authorizing hysician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible.				There have been no instances of psychotropic medications being administered to detainees on an involuntary basis during the past year. If, however, the situation does arise, there is a procedure in place to initiate the process and ensure that it is in compliance with the applicable laws. Since there have been no incidents in the last year, compliance with this component could not be fully assessed.
wi de pe	n initial dental screening exam should be performed thin 14 days of the detainee's arrival. If no on-site entist is available, the initial dental screening may be erformed by a physician, physician's assistant, urse practitioner or trained RN.	\boxtimes			The facility has a full-time dentist who performs the dental screening within 14 days.
au cc	each detention facility, the designated health athority and Facility Administrator determines the ontents, number, location(s), use protocols, and ocedures for monthly inspections of first aid kits.	\boxtimes			First aid kits are available throughout the facility. They are inventoried and inspected on a monthly basis. The kits are sealed.

PART 4 – 22. MEDICAL CARE				
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
62. An automatic external defibrillator should be available for use at the facility.	\boxtimes			There are two automatic external defibrillators in the facility: One is maintained in the medical unit and the other one is located in admissions.
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.	\boxtimes			There have not been any instances of this in the past year, but if the situation should arise, the medical staff is familiar with how to proceed with the required process.
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.				The Health Services Administrator and Facility Administrator meet twice a week, which exceeds the quarterly requirement.
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	\boxtimes			The biohazardous waste is removed from the facility by the company Stericycle, which is under contract. Medical and dental equipment is decontaminated within sound medical practice and in compliance with regulations. The equipment is tested by an external source on an annual basis.
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			The facility has a "Continuous Quality Improvement" program that conducts process and outcome studies on an annual basis.
PART 4 – 22. MEDICAL CARE				

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

The facility medical unit is well-staffed to provide for the medical and mental health needs of the detainee population. They have skilled medical staff that can manage most medical issues in the facility.

This inspector reviewed fifteen medical records and found them to be in compliance with problem identification, follow-up, chronic care, and the timed issues such as physicals, TB testing/reading and dental examinations.

During the month of February, 2012, there were 4,457 visits to the clinic which is rather significant given the size of the facility. This would, however, include some medication administration; for instance, for specific time medication, as ordered by the health care provider, the detainee is seen in the clinic for the medication.

Medication administration was observed in the clinic during the inspection, with proper documentation on the "Medical Administration Records." The medical staff involved in dispensing the medication was verifying each detainee's identity with a visual inspection of the name bracelet, after the correctional officer provided a positive identification when the detainee came into the clinic. The medical staff administering the medication also had the detainee open his mouth to ensure that the detainee had

swallowed the medication.

During the past year, there were only two formal grievances filed and both were successfully resolved. One centered on a detainee claiming he did not receive the proper medication, while the other grievance pertained to a request for medical care.

During informal discussions with detainees on the housing units and in the medical unit, the detainees did not voice any complaints or issues with the medical care at the facility. They were generally satisfied with the response and care provided.

The negative air flow cells in the Special Housing Unit are tested on a regular basis by the maintenance department, and they are tested by an external source/company on a yearly basis.

"Keep-on-person medications" are permitted in the facility, but they must be approved by a health care provider and in compliance with the formulary.

An inspection of a first-aid kit revealed that the kit contained all of the items mentioned on the inventory sheet. The kit is checked on a monthly basis to ensure that the contents match the inventory.

The rating for this standard was based on a review of policy, interviews with staff, informal discussions with detainees and observation of the various activities on the medical unit.

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

03/08/2012

Reviewer's Signature / Date

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.

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	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.	\boxtimes			There is a policy for the issuance and exchange of clothing, bedding, linens, towels, and hygiene items. This information is also contained in the detainee handbook under the topical headings of "clothing exchange" and "personal hygiene".	
2.	 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 	\boxtimes			The clothing issued to detainees exceeds the minimum requirements in this component. The issued clothing is in good condition and presentable.	
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.				The facility policy is specific in terms of indicating that appropriate clothing is issued during changing weather conditions. For example, two blankets are issued during the winter months.	
4.	New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions.				The detainees are issued the bulleted items listed in this component, as well as two blankets during the winter months.	
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			Personal hygiene items are issued at the point of admission and replenished on an as-needed basis. Only items appropriate for males are issued since no females are detained in this facility.	

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
 6. Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 	\boxtimes			An inspection of the detainee housing units reflected that the toilet areas were clean, with no sanitation issues noted. With respect to the ratio of toilets to detainees, it is normally in the ratio of 1:10, which exceeds the standard, depending on population levels. At maximum capacity, the facility is still in compliance with the ratio figure.
 7. Bathing facilities are: Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. 	\boxtimes			An inspection of the detainee housing units reflected bathing areas that were clean. On the day of inspection, the hot water temperature was 116 degrees Fahrenheit. Washbasin and showers are in a ratio of 1:10, which, again, exceeds the requirement.
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	\boxtimes			The facilities are adequate for detainees with disabilities, with support and assistance.
 9. Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 	\boxtimes			Detainees are issued an adequate number of socks and undergarments to have clean items on a daily basis. Outer garments are issued twice weekly. They are provided an opportunity to have sheets, towels, and pillowcases washed in the laundry on a weekly basis.
Food service detainee volunteer workers are permitted to exchange outer garments daily.				As stipulated in facility policy, detainees who work in food service are permitted to exchange outer garments daily.
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	\boxtimes			As stipulated in facility policy, volunteer detainee workers are permitted to exchange clothing more frequently.
PART 4 – 23. PERSONAL HYGIENE				

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

There were no issues noted with personal hygiene as the facility has policy and practice in place to ensure continued compliance with this standard. An observation of the detainee population noted that they were presentable with respect to having clean clothing, bedding, and adequate personal hygiene items.

The rating for this standard was based on observation, a review of the policy and detainee handbook, and an interview with the facility compliance staff.

(b)(6), (b)(7)(c) / 03/08/2012 Reviewer's Signature / Date

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	A/N	Remarks
The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	\boxtimes			The facility has a written suicide prevention and intervention program that was signed by the Facility Administrator on 12-20-2011. The health authority, Clinical Director, also reviews and approves the policy on an annual basis.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				The facility has a policy that delineates all of the elements of the bulleted items mentioned in this component. The policy has written procedures for the proper handling of detainees who exhibit suicidal behavior.
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			All new staff receives suicide- prevention training during orientation and annual training. This was confirmed by a review of the training records.

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	A/N	Remarks
4. Training prepares staff to:				
 Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, 				
 Demographic, cultural, and precipitating factors of suicidal behavior, 				
 Responding to suicidal and depressed detainees, 				m1
 Effective communication between correctional and health care personnel, 	\boxtimes			The training discusses and covers all elements of the bulleted items listed in this component.
 Necessary referral procedures, 				nsted in this component.
 Housing observation and suicide-watch level procedures, 				
 Follow-up monitoring of detainees who have already attempted suicide, and 				
 Reporting and written documentation procedures. 				
 A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. 				A health-care provider screens all detainees for suicide potential at the point of admission to the facility.
 Screening does not occur later than one working day after the detainee's arrival. 	\boxtimes			point of admission to the facility. A review of the intake screening form reflected appropriate questions to
 Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				ascertain any suicide potential on the part of a detainee.
Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed.	\boxtimes			There are written procedures for referrals contained in local facility policy and also in IHSC policy.
 Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional. 	\boxtimes			The facility has a policy for the proper clearance of a detainee back to the general population, with the authorization of the appropriate clinician.
8. The facility has a designated isolation room for evaluation and treatment.	\boxtimes			The designated isolation cell is located in the Special Housing Unit.
9. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.		\boxtimes		The shower head fixture is affixed in a horizontal plane which could be used to tie off material or an object for the purpose of a suicide attempt.
10. Medical staff have approved the room for this purpose.	\boxtimes			Medical staff have approved the cell for this purpose, and this is the only cell for observation and suicide watch.

PART 4 - 24.	SUICIDE PREVENTION	AND INTERVENTION
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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.

treatment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Staff observe and document the status of a suicidewatch detainee at least once every 15 minutes/constant observation.	\boxtimes			The policy reflects that staff will document the detainee's status every 15 minutes. Any detainee on suicide watch is under constant, direct observation. The 15-minute documentation is maintained in the detention file.	
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.				It is the facility's policy and practice to place all detainees on suicide watch under constant, direct observation.	
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			\boxtimes	This facility is classified as an SPC and has twenty-four hour medical coverage.	
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.	\boxtimes			The facility policy stipulates a mortality/morbidity review, along with a critical incident debriefing. There have been no suicides during the past year to evaluate the practice.	
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					

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

There have been no suicides during the past year. Additionally, there have been no serious suicide attempts. Policy and procedures are in place to manage these cases when they occur. Training is being given to all new staff and subsequently at annual

refresher training. Staff is knowledgeable with how to manage, monitor, and treat these cases as they arise. There were three detainees on suicide watch, and as a result of reviewing the medical files; all protocols were followed in a timely manner and in accordance with policy.

The rating for this standard was based on a review of the policy, interviews with medical staff, a review of the training documentation, and the power point presentation on this subject for annual refresher training.

(b)(6), (b)(7)(c) 03/08/2012

Reviewer's Signature / Date

PART 4 - 25.	TERMINAL ILLNES	S, ADVANCE DIRECTIVE	S. AND DEATH

This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

□ Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	\boxtimes			Detainees who are terminally ill are transferred to an appropriate facility for care and treatment. The facility does not have an infirmary and its two medical observation rooms are located in the Special Housing Unit.
2.	 The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. 	\boxtimes			Next- of-kin notifications are made by the facility staff in the event that a detainee's medical condition warrants such notification.
3.	 There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 	\boxtimes			There are guidelines addressing advanced directives, as outlined by the Immigration Health Service Corps (IHSC) policy.
4.	There is a policy addressing "Do Not Resuscitate Orders"				"Do Not Resuscitate Orders" guidance and policy is contained in the IHSC policy. Essentially, "DNR" orders would be administered at a hospital and by the attending physician and comport with state law.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			Detainees who have "Do Not Resuscitate" orders in the file would receive therapeutic and palliative care. However, this was not observed during this inspection.
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.	\boxtimes			The facility is aware of this requirement, in the event a "Do Not Resuscitate" order is in the medical record.
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Organ donation procedures are contained in IHSC policy.

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH

This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

☐ Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	\boxtimes			Policy and procedures are in place to notify family members and consulates when a detainee dies while in custody. There have been no detainee deaths in the past year.
9. The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			The facility does have a policy that provides guidance when a detainee dies in transport.
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 	\boxtimes			There have been no detainee deaths in the past year to fully assess this component. However, staff is aware and was able to articulate the process.
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 				There have been no detainee deaths in the past year to fully assess this component. The facility is, however, aware of the process to follow in these cases.
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				In the event of a detainee death, the death certificate would be placed in the subject's A-File, as reported by the Health Services Administrator. Since there were no detainee deaths, this component was not fully assessed.
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 				The Health Services Administrator was able to articulate the correct process to follow for this component. Also, they would ensure that policy was followed in the event of a detainee death.
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	\boxtimes			There have been no detainee deaths in the past year so this component could not be fully assessed. The Health Services Administrator did indicate, however, that policy would be followed.
PART 4 – 25. TERMINAL ILLNESS,	ADVAN	CE DIREC	TIVES	S, AND DEATH
	tandard	I N/A		☐Repeat Finding

There have been no detained deaths in the past year, nor have there been any deaths since the opening of the facility in 1998. The medical staff is familiar with the basic aspects of the requirements for this standard. In the event of an incident, they would ensure that the policy and state laws are followed.

The rating for this standard was based on an interview with the Health Services Administrator and review of facility policies and guidelines.

(b)(6), (b)(7)(c) $/ \frac{03/08/2012}{}$

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

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.

Toprodomativos, government emede, and conteatar emetals	representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 The 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			This facility has a written policy regarding correspondence and other mail and it was reviewed during this inspection. The rules for correspondence are contained in the detainee handbook.		
2. The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			Spanish and English are the predominate languages spoken by detainees at this facility. Posting in the housing units were in both English and Spanish and the detainee handbook is also in English and Spanish.		
 Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected. 	\boxtimes			According to staff, and a review of the mail log confirmed, that incoming mail is distributed within 24 hours or one business day after the day that it was received and inspected.		
 Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays). 				According to staff interviewed, outgoing mail is delivered to the postal service within one business day after it enters the internal mail system.		
 Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee. 	\boxtimes			Staff maintains an electronic log on a spreadsheet for all priority, priority overnight and certified mail delivered for each detainee. The date, time, carrier and type of priority or certified mail is logged. In addition, the detainee has to sign a sheet indicating that he received that specific piece of mail.		
 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		At this facility, general correspondence is opened without the detainee present, because the facility administrator does not want possible contraband within the housing units of this facility. Detainees would have to be brought out of the main security areas in order to observe the mail being opened and inspected for contraband.		
7. Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes					

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.

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	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			Mail staff interviewed indicated that Special Correspondence is not inspected in the mail processing area. It is sent to the housing unit without being opened and it is not inspected for contraband without the detainee present.
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	\boxtimes			
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.	\boxtimes			Staff does not inspect any outgoing mail or correspondence because the detainee can seal their mail before they place it in the outgoing mail box. However, if the mail room staff determines that there is some contraband in the envelope; mail staff opens the envelope without the detainee being present.
11.	Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	\boxtimes			
12.	The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			This facility uses a form that indicates why the incoming mail was rejected and the sender and addressee are notified of the rejection.
13.	The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.				
14.	Staff maintain a written record of every item removed from detainee mail.	\boxtimes			At this facility, an electronic log is maintained of every item removed from detainee mail.
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.				Even though detainees are notified that cash is not supposed to be sent via the mail, when cash is sent, it is logged; the funds are placed in the detainee's trust account; and the detainee is given a receipt for the cash received.

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.				An electronic log is kept of all identity documents that are sent to detainees in the mail. The identity document is photocopied; the detainee is notified that it was received; and the original is forwarded to the appropriate ICE staff for placement in the detainee's A-file.
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	\boxtimes			A copy of the identity document is provided to the detainee.
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	\boxtimes			If contraband is sent to a detainee via the mail, it is removed by mail staff and sent to the appropriate ICE staff and they dispose of it in accordance with the ICE Standard on Contraband.
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.				The mail staff person has a list of all indigent detainees in an electronic log to which the officers in the housing units also have access. Detainees who are identified as indigent and listed on this electronic log are provided with postage for five pieces of Special Correspondence.
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			Detainees have access to outside publications via the mail, but the publication has to be sent to the detainee by a vendor for the publication.
PART 5 – 26. CORRESPON	DENC	E AND OT	HER I	MAIL
	andard	□ N/A		☐Repeat Finding

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

A review of the facility policy and the detainee handbook indicates that the facility has a correspondence and other mail policy.

However, the policy at this facility is that mail will be opened and inspected for contraband before it is sent to the housing units. It was explained that this policy ensured that contraband did not get into the housing units and by doing so, unit staff did not have to deal with angry or upset detainees whose contraband was being confiscated. The mail that is opened, however, is not read. Interviews with mail staff, housing unit staff, and ICE staff indicate that there are no issues with the timely and efficient processing and logging of the mail. Interviews with detainees revealed that there were no complaints regarding the mail.

(b)(6), (b)(7)(c) / <u>03/08/2012</u> Reviewer's Signature / Date

	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES					
det to a	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.					
1 16	id Office of Sub-Office in Control of the detainee ca	3 6 .				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral • Deathbed	\boxtimes			Facility policy states that once a detainee is approved for a non-medical emergency escorted trip, the trip will be arranged and completed in accordance with the ICE PBNDS.	
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).	\boxtimes			Facility policy states that for the purposes of recognizing an individual as a detainee's immediate family, consideration will follow ICE PBNDS guidelines.	
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.			\boxtimes	This is an SPC facility.	
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.	\boxtimes			The detainee's Deportation Officer reviews the collected information and reports to the facility director on the appropriateness of the request and the amount of supervision the travel plan would require.	
5.	Detainees who require overnight housing are placed in approved IGSA facilities.	\boxtimes			Detainees requiring overnight housing are placed in approved IGSA facilities.	
6.	Each escort detail includes at leas(b)(7)(eofficers.	\boxtimes			A minimum o(b)(7)(e)scort officers will be assigned to any detail.	
7.	The detainee remains under constant, direct visual supervision of escorting staff.	\boxtimes			Escorting officers maintain direct visual supervision of the detainee.	
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.	\boxtimes			Any unexpected situation is reported to the facility. The shift supervisor has authority to issue instructions for completion of the trip.	
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	\boxtimes				
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	\boxtimes			Accepting of gifts by escort officers is prohibited.	

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES					
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals. Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Escort officers ensure that detainees:					
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 					
 Do not violate federal, state, or local laws. 					
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 	\boxtimes			The detainees are made aware of the expected conduct that is outlined in	
 Do not arrange to visit family or friends unless approved before the trip. 				this component while they are out of the facility.	
 Make no unauthorized phone calls. 					
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 					
 The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc. 	\boxtimes			If deemed necessary, the returning detainee may be subject to search, urinalysis, breathalyzer, etc.	
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	\boxtimes			The detainee is made aware that the trip will be terminated if trip rules are violated.	
 The Field Office Director is the approving official for all non-medical escorted trips. 	\boxtimes				
15. Facility procedures comply with the following ICE Standards:					
 Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 					
PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDICA	L EM	ERGENCIES	

The facility director, after reviewing detainee request from detainee and information provided by the Deportation Officer, submits a recommendation to the ICE Field Office Director for consideration of approval. Over the past twelve months, only one detainee request for an escorted trip for a non-medical emergency was submitted, and it was denied.

(b)(6), (b)(7)(c)	03/08/2012
Reviewer's Signa	ture / Date

PART 5 – 28. MARRIAGE REQUESTS					
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.					
Con	nponents	Meets Standard	Does Not Meet Standard	N/A	Remarks
	ector or Facility Administrator arriage requests on a case-by-	\boxtimes			
	ector reviews every marriage Facility Administrator or IGSA. ented.	\boxtimes			The ICE Field Office reviews all rejected marriage requests. They have rejected no requests in the past twelve months.
It is standard practice permission to marry.	to require a written request for	\boxtimes			The facility requires the detainee to submit a written request for permission to marry.
	ncludes a signed statement or tation from the intended spouse, ent.	\boxtimes			Each marriage request includes a signed statement from the intended spouse that confirms marital intent.
	rator provides a written copy of he detainee and his or her legal	\boxtimes			The Facility Administrator returns the request to the detainee with the decision.
states the basis for	enied, the Facility Administrator his or her decision along with e detainee can file an appeal.	\boxtimes			
	ator provides the detainee with a see wedding arrangements.	\boxtimes			The facility would provide space in the court room area for the appropriate services to take place.
8. The detainee handboo process.	ok explains the marriage request	\boxtimes			The process is outlined as required on Page 8 of the facility handbook.
	·	\boxtimes			The Facility Administrator approves or denies all marriage requests.
	PART 5 – 28. MARI	RIAGE	REQUEST	rs	
⊠ Meets Star	ndard Does Not Meet St	andard	□ N/A		☐Repeat Finding

The facility has a written procedure for handling marriage requests. Detainees are provided information on marriage requests in the ICE National Detainee Handbook, and the Facility Handbook that detainees receive upon admission. The facility has had eight marriage ceremonies in the previous twelve months.

(b)(6), (b)(7)(c) / 03/08/2012 Reviewer's Signature / Date

PART 5 - 29. RECREATION

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

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

	Components	Meets Standard	Does Not Meet Standard	W/W	Remarks
1.	The Facility provides:An indoor recreation program.An outdoor recreation program.	\boxtimes			The facility has an indoor and outdoor recreation program and a written procedure. ICE detainees were observed participating in the recreation program during the inspection.
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			The facility has a rated capacity of 650 detainees and has two recreation supervisors.
3.	Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			The maintenance department maintains all facilities and equipment.
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			The recreation supervisor supervises the detainee recreation workers.
	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes			
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			The detainees have access to television, chess, checkers, cards and board games.
7.	Outside activities are restricted to limited-contact sports.	\boxtimes			The facility allows for the playing of basketball, handball, and running.
8.	Each detainee has the opportunity to participate in daily recreation.	\boxtimes			The facility offers both indoor and outdoor daily recreation.
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			The facility provides for two hours of recreation outside the housing unit five 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			The rover officer conducts a visual and walking inspection of each area prior to and at the conclusion of each recreation period.

PART 5 - 29. RECREATION

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

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

□ II outdoor recreation is offered effect this box. Item				
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
12. Recreation areas are under constant staff supervision.	\boxtimes			The rover officer provides intermittent supervision of the recreation yards. The recreation yards are also monitored via a camera system monitored in the main control room.
13. Supervising staff are equipped with radios.	\boxtimes			Staff have radios when supervising recreation activities.
The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.		\boxtimes		The Special Management Unit does not have an outside recreation area. The area that is used consists of a room with concrete walls and a ceiling that does not allow access to natural sunlight. The exterior wall in the room has downward facing louvers covered with a metal screen that allows outside air to enter. The detainees are allowed to use this room one hour per day five times a week.
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes			Administrative and Disciplinary Segregation detainees would receive written notification from the disciplinary board if their recreation privileges were suspended.
Special programs or religious activities are available to detainees.	\boxtimes			The recreation department provides art classes and a music program for the detainees.
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	\boxtimes			Volunteers are required to attend orientation training before entering the secure portion of the facility.
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.				Visitors, relatives or friends are not allowed to serve as volunteers.
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	This facility provides outside recreation.
20. If yes, written procedures ensure timely review of all eligible detainees.			\boxtimes	This facility provides outside recreation and therefore a review is not required.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			\boxtimes	Officers do not need to make written transfer recommendations because outside recreation is offered.

PART 5 - 29. RECREATION					
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.					
If outdoor recreation is offered check this box. Iter	ns 19-2	7 should	then I	be marked "N/A".	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.			\boxtimes	Transfers are not required because outside recreation is offered.	
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes	Transfer requests due to the lack of outside recreation are not needed and therefore documentation in the A-file is not required.	
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.				This is not applicable because this facility offers outside recreation.	
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			\boxtimes	This is not applicable because this facility offers outside recreation.	
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			\boxtimes	This is not applicable because this facility offers outside recreation.	
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			\boxtimes	This is not applicable because this facility offers outside recreation.	
PART 5 - 29. F	RECRE	ATION			
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

Detainees are provided access to recreational programs and activities. The facility has nine outside recreation yards that are adjacent to the housing units and a gymnasium with a full size basketball court. The detainees also have daily access to exercise bicycles and chin-up bars that are available in each housing unit.

The Special Management Unit does not have an outside recreation area. The area that is used consists of a room with concrete walls and a ceiling that does not allow access to natural sunlight. The exterior wall in the room has downward facing louvers covered with a metal screen that allows outside air to enter.

However, the corrective plan consists of building a new segregation unit that will have an outside recreation yard that will meet the current standard.

Based on a review of documents, staff and detainee interviews, and observation of daily activities, the facility is providing safe and secure recreational activities to ICE detainees.

(b)(6), (b)(7)(c) <u>03/08/2012</u>

Reviewer's Signature / Date

PART 5	_ 30	RFI	IGIOUS	PRACT	ICES

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

	Components	Meets Standards	Does Not Meet Standards	V/N	Remarks
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	\boxtimes			The facility has a written procedure on religious activities and clergy visitation. Spanish religious services are provided for the detainee population.
2.	Space is available for detainees to participate in religious services.	\boxtimes			Religious services are held in the gymnasium.
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	\boxtimes			The facility complies with different religious faiths and had no noted exceptions.
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. 	\boxtimes			The facility provides special meals, i.e., Ramadan, Lenten, and Kosher. Fasting requirements and activity restrictions are also allowed for religious events.
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes			The detainees are allowed to have Bibles, Korans, prayer rugs, and plastic rosary beads.
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			The facility completes verification of credentials and also conducts an NCIC (National Crime Information Center) background check on all volunteers.
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes			The services must be approved and supervised by the facility chaplain.
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			The chaplains conduct services on an individual basis in the Special Management Unit.
	RELIGIOUS	PRACT	TICES		
	⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding

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

The facility has a written program addressing religious practices. It currently has two full-time chaplains providing services for Christian, Muslim, and Jewish faiths. In addition it also has ten volunteer clergy members who conduct Bible study, prayer groups, and other religious counseling.

Based on a review of documents, interviews with staff, and observations of daily activities the facility is allowing detainees reasonable and equitable opportunities to participate in religious activities.

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

03/08/2012

Reviewer's Signature / Date

PART 5 - 31. TELEPHONE ACCESS

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

P	providing them reasonable and equitable access to telephone services.						
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			According to facility staff and facility policy, detainees are allowed access to telephones during waking hours and this includes the use of TTY devices if the detainee has a need for it. According to facility staff there has been only one detainee this year that needed the assistance of a TTY device.		
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			Detainees are made aware of the facility's telephone access policy in the detainee handbook. Each detainee is given a copy of the handbook upon his arrival at this facility.		
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes			The detainee handbook was reviewed and it does include the facility's telephone policy.		
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes			The access rules and the consulate numbers were posted in the housing units.		
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			The languages that are spoken by significant portions of the detainee population are English and Spanish. The detainee handbook is in both English and Spanish.		
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes					
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes					
8.	Telephones are located a reasonable distance from televisions.	\boxtimes			The televisions are secured on a post and they face away from the phones. Therefore, the sound from the TVs does not interfere with the caller's ability to hear the person on the other end of the line. During the test of the of the OIG line, the sound from the TVs did not interfere with the conversation with the OIG.		

PART 5 - 31. TELEPHONE ACCESS

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

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes			According to the facility they immediately report any telephone problems to the vendor. There is a form that is completed by the staff member that identifies the phone problem to ensure that the provider is contacted.
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			According to the facility staff, compliance staff ensures that the repairs are made in a timely manner. The same form that is used to report the problem is used to track the completion of the repair.
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			Detainees can make requests to have privacy for legal phone calls. The detainee is taken to the admissions area where the detainee can have some privacy to make the phone call.
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			The detainee can request ICE for assistance and ICE staff will provide assistance to the detainee.
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			
14.	Special Access calls are at no charge to the detainees.	\boxtimes			
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	This facility has the ability to meet the requirement for Special Access calls.
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			Detainees must initiate the request to speak to immediate family members detained in another facility. Once the arrangements are made with the other facility, the detainee is allowed to make the telephone call.
18.	All telephone restrictions are documented.				All telephone restrictions would be documented. However, there have not been any telephone use restrictions during this past year.

	PART 5 – 31. TELI					
	s Detention Standard ensures that detainees may mair viding them reasonable and equitable access to teleph			r famili	ies and others in the community by	
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes				
20.	Phone call messages are given to detainees as soon as possible.					
21.	Detainees are allowed to return emergency phone calls as soon as possible.	\boxtimes			Detainees are allowed to return emergency phone calls. However, if the detainee does not have funds to make a phone call, the detainee is taken to the admissions area and is allowed to make the emergency phone call free of charge.	
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	\boxtimes			Disciplinary segregation has a telephone in an area that can be secured. Detainees in segregation are allowed to make phone calls from this phone.	
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes			Detainees in disciplinary segregation are allowed to make phone calls to their consulate or embassy.	
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				
26.	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	\boxtimes			The detainees are notified in the detainee handbook and by postings in the housing unit that their phone calls may be monitored. Special Access calls are not monitored.	
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			The OIG phone number is posted in housing units near the telephones and the number is programmed into the detainee phone system.	
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			A review of the facility unit logs indicates that the phones are checked daily by unit staff. Supervisory ICE and supervisory contract staff also check the phones.	

PART 5 - 31. TELEPHONE ACCESS

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

The detainee handbook and postings in the housing units describe the facility policy regarding detainee phone use. The phones are

checked daily by unit contract staff. The unit contract staff that provides security services for the facility work for the Valley Metro Barbosa Group. The lieutenants who work for the Valley Metro Barbosa Group also check the phones daily and they note their phone inspection in the unit log. The ICE staff and ICE supervisory staff, such as the SIEAs and SDDOs, also inspect the phones and log their inspection of the phones in the unit log. If a phone is not working properly, a work order is completed. It is reviewed by an ICE supervisor and there is a follow-up within 72 hours of the report of the problem to ensure that the phone has been repaired. The progress or repair is noted on the work order and if the phone has not been repaired then there is a follow-up by an ICE supervisor to ensure that the phone is repaired as soon as possible. The OIG was contacted via the detainee telephone system during this inspection. A rating of "Meets Standard" is considered appropriate.

(b)(6), (b)(7)(c)	/ <u>03/08/2012</u>
Reviewer's S	ignature / Date

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. Meets Standard Does Not Meet Standard Components Remarks There is a written visitation procedure, schedule, and The written visitation schedule was hours for general visitation. observed in the lobby of the facility, \boxtimes the postings in the housing units and in the detainee handbook. The visitation hours are tailored to the detainee Visits at this facility can be up to 60 population and the demand for visitation. \boxtimes minutes. minimum duration for a visit is 30 minutes. The visitation schedule and rules are available to the The visiting schedule and rules were public. observed posted in the facility lobby \boxtimes which includes the visitor waiting area. The hours for all categories of visitation are posted in The hours for all categories of the visitation waiting area. \boxtimes visitation were observed posted in the visitor waiting area. A written copy of the rules regulating visitation and the The visiting rules regarding hours of visitation is available to visitors in English, visitation and the hours of visitation Spanish, and other major languages spoken in the \boxtimes were observed posted in the visiting facility. waiting area, the housing units and the detainee handbook. 6. A general visitation log is maintained. The visitor's log was observed in the entrance to the visitor waiting area \boxtimes and the entrance officer was observed logging all visitors. Detainees are permitted to retain authorized personal Visitors are not allowed to leave property items specified in the standard. any personal property items. All of \boxtimes these items have to be sent to the facility via the mail. \boxtimes A visitor dress code is available to the public.

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
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			
10.	The requirement on visitation by minors is complied with.	\boxtimes			Minors are allowed to visit at this facility and minors were observed visiting detainees during this inspection.
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.			\boxtimes	At this facility minors are allowed to visit. Therefore, no special arrangements have to be made for children and stepchildren within the first 30 days.
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	Transfers are not required to accommodate minor visitation because minors are allowed to visit detainees at this facility.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			There have not been any visitation denials during the past year. However, if a detainee would be denied visitation, it would be documented.
14.	Detainees in special housing are afforded visitation.	\boxtimes			
15.	Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			
16.	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	\boxtimes			
17.	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			
	Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			There is one non-contact attorney visiting room and it has a pass-through so that attorneys and detainees can exchange documents. The other attorney visiting rooms are contact visiting and therefore a pass-through is not needed.
19.	There are written procedures governing detainee searches.	\boxtimes			
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.	\boxtimes			

FART 5 = 52. 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	
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes			According to interviews with staff, legal service providers and assistants are identified upon their arrival at the facility.	
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			Lists of pro bono legal organizations were observed posted in the housing areas.	
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.					
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.					
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	\boxtimes				
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	\boxtimes			According to facility staff, former detainees or aliens that are in proceedings are allowed to visit detainees at this facility.	
PART 5 – 32	. VISIT	ATION			
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

DADT E 22 VICITATION

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

The visiting area and visitor waiting area were toured during this inspection. This included the attorney visiting rooms and the holding rooms for detainees waiting for their visitors to be cleared for visiting. Children were observed visiting detainees. The entrance officer was observed checking the identification of each visitor. Detainees interviewed did not have any complaints regarding visiting. A review of the facility policy and practice indicates that a "Meets Standard" rating is appropriate.

(b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date

PART 5 – 33. VOLU	INTARY W	ORK PRO	GRAN	Л	
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections. Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page					
3 and move to next section.		1	I		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. The facility has a voluntary work program.	\boxtimes			The program is outlined in facility policy and was found to address the voluntary work program requirements.	
Detainee housekeeping meets acceptable levels neatness, cleanliness and sanitation standards.	of 🖂			The detainee housing units were clean, well-organized, and quiet.	
 At IGSAs detainees are never allowed to work outsithe secure perimeter. SPCs and CDFs detainees classified as level 1 had the opportunity to participate in special details outsithe secure perimeter under direct supervision. 	ave			At this facility level 1 detainees may be allowed to work outside the facility under direct supervision. The area is between the building and the fences but it is still inside the outer perimeter of the facility. On the other side of the fence is the perimeter road for the outside patrol and then farm land that belongs to private citizens.	
 Written procedures govern selection of detainees the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 				The facility has a written policy that meets the two bulleted items of this component.	
 Where possible, physically and mentally challeng detainees participate in the program. 	jed 🖂				
 6. The facility complies with work-hour requirements detainees, not exceeding: Eight hours a day. Forty hours a week. 	for			The work schedules are eight hours a day and forty hours a week.	
Detainee volunteers ordinarily work according to fixed schedule.	а			Each department has a fixed work schedule for the detainee workers.	
8. If a detainee is removed from a work detail, staff plathe written justification for the action in the detained detention file.				The action is documented on a "Removal From Work Detail" form and filed appropriately.	
 Staff, in accordance with written procedure, ensur that detainee volunteers understand the responsibilities as workers before they join the wo program. 	neir 🖂			The detainees must sign a "Detainee Voluntary Work Program Agreement" prior to the start of their work.	
10. The voluntary work program meets:				The facility meets the standards of	

OSHA standards

NFPA standards

ACA standards

 \boxtimes

the three bulleted items in this

component.

PART 5 – 33. VOLUNTARY WORK PROGRAM					
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.					
☐ Check here if ICE detainees are not authorized to we 3 and move to next section.	ork at t	he IGSA fa	cility.	Mark NA on Form G-324A, page	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 				All detainees are medically screened prior to being assigned to the food service department as required by facility policy.	
12. Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes				
13. Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			All injuries are reported to the detainee's supervisor and the detainee receives initial first aid treatment in the medical department.	
PART 5 – 33. VOLUNTA	RY W	ORK PRO	GRAN	1	
⊠ Meets Standard □ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding	

Based on a review of documents, interviews with staff, and observations of daily activities, the facility allows ICE detainees to work within the constraints of their security level. They receive appropriate training and medical screening as required prior to starting their assignment. Detainees are never authorized to work outside the secure perimeter.

(b)(6), (b)(7)(c) $\sqrt{\frac{03/08/2012}{}}$

Reviewer's Signature / Date

Performance-Based National Detention Standards

Section VI JUSTICE

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

PART 6 - 34. DETAINEE HANDBOOK

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
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			The facility provides the Buffalo Federal Detention Facility Handbook and the ICE National Detainee Handbook to all detainees during admission.
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 Buffalo Federal Detention Facility Handbook is written in English and Spanish.
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			The facility uses "Language Line Services" for interpretation needs.
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.	\boxtimes			The facility has an orientation video in both English and Spanish that is shown on a continuous basis in the processing area.
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			The review is conducted annually by the compliance team.
8.	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 	\boxtimes			The three bulleted items in this component are outlined in the detainee handbook.
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11.	The handbook states when a medical examination will be conducted.	\boxtimes			The handbook states that a medical screening will occur within 14 days of the detainee's arrival.
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	\boxtimes			

PART 6 - 34. DETAINEE HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	A/N	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			All elements of this component are outlined in the detainee handbook.
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			The handbook outlines the razor policy as required in the standard, including detainees attending court having an opportunity to shave.
15. The handbook describes barber hours and hair cutting restrictions.	\boxtimes			
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			All elements of this component are outlined in the detainee handbook.
17. The handbook addresses religious programming.	\boxtimes			Detainee access to religious programming is described in the detainee handbook.
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	\boxtimes			
19. The handbook describes the detainee voluntary work program.	\boxtimes			
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	\boxtimes			The handbook does describe access to the law library and while the hours are not listed in the handbook, it advises the detainees that the hours are posted on bulletin boards in the housing units.
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	\boxtimes			All elements of this component are outlined in the detainee handbook.
22. The handbook/supplement provides local ICE contact information.	\boxtimes			
23. The handbook describes the facility contraband policy.	\boxtimes			The contraband policy is described in Section #41 in the detainee handbook.
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			
25. The handbook describes the correspondence policy and procedures.	\boxtimes			

PART 6 - 34. DETAINEE HANDBOOK

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 	\boxtimes			The handbook describes the disciplinary policy and procedures including the three bulleted items in this component.	
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 				The grievance section of the handbook outlines the grievance process and explains the six bulleted items in this component.	
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			The sick call policy is described in Section #35 in the detainee handbook.	
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	\boxtimes			The handbook describes the recreation policy that includes the four bulleted items in this component.	
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes				
31. The handbook specifies the rights and responsibilities of all detainees.	\boxtimes				
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			The detainee signs for the handbook during in-processing.	
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes				
PART 6 - 34. DETAINEE HANDBOOK					

The Buffalo Federal Detention Facility Handbook is a twenty-six page document that is written in both English and Spanish. The detainees are required to sign for the copy that is given to them upon admission. The handbook is supplemented by an orientation video in both English and Spanish that is shown to the detainees in the processing area. The English version of the handbook was last updated in November 2011 and the Spanish version in April 2011. The facility also provides the ICE National Detention Handbook to each detainee upon admission. Based on a review of documents, interviews with staff, and observations of daily activities, the facility is providing a handbook to each detainee.

(b)(6), (b)(7)(c) / <u>03/08/2012</u> Reviewer's Signature / Date

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.

and find the formal grievaness and reserve amery responses.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Detainees are informed about the facility's informal and formal grievance system.	nal			Detainees are informed through the ICE National Detainee Handbook and the Buffalo Federal Detention Facility Handbook that are issued to every detainee during the admission process.		
The admissions process includes providing each narrival with a copy of the detainee handbook equivalent).				Every detainee is issued the ICE National Detainee Handbook and the Buffalo Federal Detention Facility Handbook.		
 filing/pursuing a grievance. How to file a complaint about officer misconds with the Department of Justice. How to file an emergency grievance. 	rep he			The handbook explains the grievance process steps including the six bulleted items in this component.		
4. Written procedures provide for the informal resoluti of oral grievances (Not mandatory). If yes, t detainee has up to five days within which to make or her concern known to a member of the staff.	he			The facility has a written policy addressing this component. The detainee has five days from the date of the incident to make his concern known.		
 5. Detainees have access to the grievance committee equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees facility staff when preparing a grievance. Illiterate, disabled, or non-English-speakid detainees receive special assistance who necessary. 	or 🖂			Facility policy states that detainees have access to the grievance officer and may seek help when needed, including illiterate, disabled, or non-English speaking detainees. They are also allowed to seek assistance from other detainees.		

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		
6. Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			The facility has a written policy that addresses identifying and handling of emergency grievances.		
 Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them. 	\boxtimes			Staff receives training on grievances, including emergency grievances, during new employee training sessions.		
8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes					
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	\boxtimes			The grievance log is maintained electronically. Nuisance complaints are documented but not filed.		
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	\boxtimes			There was no documentation that the grievance system has been abused and the facility administrator has never denied a detainee the right to file a grievance.		
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			The facility administrator and ICE staff are notified immediately.		
12. Informal resolution of a written grievance is documented in the detainee's Detention File.						
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes			There were no documented incidents of officer misconduct. However, based on interviews with staff, it would be reported immediately up the chain-of-command.		
 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. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 	\boxtimes			The facility has a written policy on appeals. In addition, the appeal 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.	⊠ EVANC			The detainee has five days from the date of the incident to make his/her concern known.		
PART 6 – 35. GRIEVANCE SYSTEM						

	☐ Does Not Meet Standard	□ N/A	Repeat Finding

The facility follows written procedures that address detainee grievances. Grievances are handled in an organized and timely manner and are well-documented. The grievance program is supervised by a grievance officer. Documentation of grievances is maintained electronically. Detainees can appeal a grievance decision to the facility administrator. During the past twelve-month period the facility had 138 requests for grievances. The staff handled 46 of the requests informally, 87 were found to be a non-grievance issue and/or nuisance complaints. Five were returned for formal disposition with two being resolved in favor of the detainee and three not being resolved in favor of the detainee.

(b)(6), (b)(7)(c) / 03/08/2012 Reviewer's Signature / Date

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Meets Standard Does Not Meet Standard Components Remarks The facility provides a designated law library for The law library was observed detainee use. during this inspection. The law library also has five LexisNexis stations and there is also a computer with LexisNexis in every housing \boxtimes unit with the exception of the segregation unit. The housing unit LexisNexis's are located in a room referred to as the quiet room, which is in the dayroom area of the housing unit. 2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The law library has the materials The listing of materials is posted in the law library. \boxtimes listed in the "Access to Legal In lieu of/or in addition to the physical law library, Materials" and the LexisNexis. ICE detainees have access to the Lexus Nexus electronic law library. 3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: The facility has a law library and Operable computers and printers, in sufficient \boxtimes the LexisNexis, and it provides the numbers in order to provide access elements of this component. Photocopiers, and Supplies for both. 4. The library contains a sufficient number of chairs, is The facility was observed to be well lit and is reasonably isolated from noisy areas. clean, well lit, with an adequate \boxtimes number of tables and chairs and is relatively quiet and away from the housing units. The law library is adequately equipped with This facility does not have typewriters, computers or both and has sufficient typewriters in the law library, but supplies for daily use by the detainees. detainees can use the LexisNexis \times computers and have the typed document printed on a printer that is connected to the law library. 6. Detainees are provided with the means to save legal Detainees can purchase "USB work in a private electronic format for future use. \boxtimes drives" from the commissary and use it to store their legal work. 7. The facility subscribes to updating services where applicable and legal materials requiring updates are \boxtimes current. 8. Outside persons and organizations are permitted to submit published legal material for inclusion in the \boxtimes legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.

PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Meets Standard Does Not Meet Standard Components Remarks There is a designated ICE or facility employee who There is a staff member assigned to inspects, updates, and maintain/replace legal material update the legal materials and staff and equipment on a routine basis. The designee \boxtimes from the Information Technology properly disposes outdated supplements and replaces Unit installs the LexisNexis damaged or missing material promptly. updates. 10. Detainees are offered a minimum 5 hours per week in Detainees are offered more than 5 the law library. Detainees are not required to forego hours a week because they can recreation time in lieu of library usage. Detainees request to use the law library and facing a court deadline are given priority use of the law they can also use the LexisNexis library. computers in the housing unit. \boxtimes During the inspection, detainees were observed in the law library using the LexisNexis. Detainees facing a court deadline are given priority if needed. 11. Detainees may request material not currently in the If materials cannot be located in the law library. Each request is reviewed and where law library or the LexisNexis the appropriate an acquisition request is initiate and timely request for the materials is made to pursued. Request for copies of court decisions are \boxtimes facility staff and facility staff accommodated within 3 – 5 business days. attempts to provide the requested materials within the 3 to 5 business days. 12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in \boxtimes researching and preparing legal documents, consistent with security. 13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more \boxtimes than access to English-language law books after indicating their need for help. 14. Detainees may retain a reasonable amount of Detainees may store as much personal legal material in the general population and in material as can be reasonably stored the special management unit. Stored legal materials in the containers used for personal are accessible within 24 hours of a written request. items in their housing units. Or, if it exceeds that which can be stored in \boxtimes their housing unit, it is stored with their property. However, legal materials stored in their property must be relevant to their current case or cases. 15. Detainees housed in Administrative Segregation and Detainees in the segregation unit Disciplinary Segregation units have the same law who request use of the law library library access as the general population, barring are brought to the law library each security concerns. Detainees denied access to legal \boxtimes evening and they are allowed to use materials are documented and reviewed routinely for the law library and LexisNexis. lifting of sanctions. None have been denied access to the law library.

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	W/A	Remarks	
16. All denials of access to the law library fully documented.	\boxtimes				
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			No detainee or group of detainees has been denied access to the law library or law library materials during the past year. However, if a detainee or a group of detainees were to be denied access to the law library or law materials, the facility staff would inform the AFOD of the denial.	
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes				
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 	\boxtimes				
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The law library was toured twice during this inspection and both times there were a number of detainees using the law library even though each unit has a LexisNexis computer. Because this facility has a LexisNexis computer in each unit which can be used by a detainee 1 hour a day 7 days a week, and he can also use the law library 5 hours a week, a detainee can use the law library as much as 12 hours per week. Interviews with detainees in the law library indicated that they were satisfied with their access to the law library. There was only one detainee who expressed a complaint. His complaint was that he did not have access to the internet. When asked why he needed access to the internet, considering the access to the law library and the Lexis Nexis, he stated that he simply thought it would be a good idea.

A review of the facility policy and interviews with facility staff and the staff member in charge of the law library as well as interviews with detainees, indicate that a rating of "Meets Standard" is considered appropriate.

(b)(6), (b)(7)(c) / <u>03/08/2012</u> Reviewer's Signature / Date

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
☐ Check here if No Group Presentations were cond Acceptable overall and continue						
The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.				The recreation specialist is assigned to respond to the requests for group legal rights presentations.		
 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			The Erie County Bar Association Group is the only legal rights group that has been making legal group presentations during the past year. This group is on a set schedule of making presentations on every Monday and Thursday unless the Monday is a holiday, and in that case they come on the Tuesday after the holiday.		
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			There is a procedure by which the facility can reject objectionable material. However, this has not occurred during the past year.		
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	\boxtimes			There are posters in each housing unit that announces the presentations. Because the presenters have a set schedule, the detainees can sign up for the presentations and they are placed on the schedule.		
 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 detainee has ever been denied access to the legal rights group presentations.		
 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. 	\boxtimes			The legal rights group meet in the regular library and if the group is too large, they are moved into the gym.		
7. Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	\boxtimes			Detainees in segregation are offered separate legal rights group presentations.		
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	\boxtimes			The legal rights group presenters speak English and Spanish and they have their presentation and forms in many other languages including Chinese and Arabic.		

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
☐ Check here if No Group Presentations were cond Acceptable overall and continue of						
Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	\boxtimes			The group presenters are allowed the two hours per presentation as specified in the elements of this Standard. However, the presenters make at least two presentations a day on Mondays and Thursdays.		
 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					
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			There have not been any group presenters who have had their privileges revoked or suspended but if this did occur, the appropriate notifications would be made.		
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes			The videotaped legal rights group presentations are shown on the housing unit televisions on Tuesdays and Thursdays.		
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 	\boxtimes					
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes			The facility makes equipment available for the presenters to use when requested.		
PART 6 - 37. LEGAL RIGHTS	GRO	JP PRESE	NTA	TIONS		

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

The staff person responsible for coordinating legal rights presentations was interviewed. The electronic log that is used to generate the list of new detainee arrivals for inclusion in the legal rights group presentation was also reviewed. The legal rights group schedule was observed posted in the housing units. The legal rights group makes presentations to detainees every Monday and Thursday and they make at least two, 2-hour presentations each of these days. The presentations are made in the regular library, so that detainees are not deprived of the use of the law library. Detainees can request to attend several sessions if they choose to and if the detainee group is too large, the group is moved to the gym so that every detainee can be accommodated.

(b)(6), (b)(7)(c)	03/08/2012
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Reviewer's Signature / Date

Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

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

PART 7 - 38. DETENTION FILES

This Detention Standard contributes to 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.

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	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.	\boxtimes			The process for creating a detention file begins as soon as the facility is notified that a detainee is being transferred to this facility from the sending facility or agency. All of the appropriate forms are placed in a detention file and the forms are completed upon the detainee's arrival at this facility.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			The detention files reviewed during this inspection indicated that originals and copies of documentation and forms generated during the admissions process were in the files.
3.	 The detainee's Detention File also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 	\boxtimes			A review of detention files during the inspection indicated that all of the elements of this component were being met.
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.	\boxtimes			The cabinets where detention files are kept are located in a room that is locked and the key is restricted to those staff that have a need to access the detention file. Therefore, the room is considered secure.
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.	\boxtimes			Staff indicated that the detention files are active during the detainee's stay at this facility. Once the detainee is released from the facility the appropriate forms are completed, including the 1-385.
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			After all of the appropriate documentation is completed upon a detainee's release or transfer, the appropriate notations are made and the file is archived.
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes			The detention file is typically not transferred with the detainee. However, copies of documents are forwarded to the receiving facility if requested by that facility or office.

PART 7 – 38. DE	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			
 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						
Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			Only staff that are authorized to enter data or information have access to the electronic data system.			
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						
11. Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes						
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.	\boxtimes			Staff interviewed in the area where detention files are generated and stored indicated that they have the necessary equipment and that it is maintained and kept in good working order.			
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	\boxtimes						
 Archived files are purged after six years by shredding or burning. 	\boxtimes						
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	\boxtimes						
PART 7 – 38. DE	TENTI	ON FILES					

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

Detainee files reviewed indicated that the elements of this standard were being met. Staff interviewed indicated an understanding of the requirement for the required documentation and ensure the security of the detention files. A review of the detention files and facility policy as well as interviews with facility staff and supervisors in admissions, indicate that the elements of the standard dealing with detention files are being met.

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PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS

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

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	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks			
	The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.	\boxtimes			According to the facility policy the Field Office Director approves all interviews with media reporters, and other news media representatives, academics and others not covered by the Detention Standard on Visitation.			
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.	\boxtimes			According to facility policy the appropriate authorizations are obtained and filed prior to any media interviews conducted with any detainee and the authorization form is filed in the detainee's A-File and detention file.			
	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.	\boxtimes			According to facility policy the Field Officer Director would consult with Headquarters before deciding to allow an interview with a detainee who is considered the center of a controversy, special interest or a high-profile case. However, this did not occur during the past year.			
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.	\boxtimes			According to facility policy and interview with the facility administrator, the appropriate release forms are obtained and placed in the detainee's A-File.			
5.	 All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 				JUDG.			
	PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS							

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

This facility has two separate policies that cover media interviews and tours. One policy is more specific to media tours, law enforcement and public relations. The other policy is specific to media interviews with detainees. Both policies indicate that the elements of the Standard are being complied with. Therefore, a rating of "Meets Standard" is being recommended.

(b)(6), (b)(7)(c) 03/08/2012 Reviewer's Signature / Date

	quiling that they receive initial and ongoing remeener tha				
	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.	\boxtimes			All staff, including contractors and volunteers receives appropriate orientation training based on job classification. After successful completion of the orientation, staff receives annual in-service training as required.
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes			The training staff has customized training to meet the needs of the facility and the individual.
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	\boxtimes			
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes			The training curriculum is reviewed and approved by the facility administrator.
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.				Files were reviewed and were found to comply with the three bulleted items in this component.

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the sixteen bulleted items in this component.

Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
 8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of suicide risk and hunger strike Suicide precautions Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plan and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques Sexual harassment/sexual misconduct awareness. National Detention Standards. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the twenty-two bulleted items in this component.

requiring that they receive initial and engoing remember that				
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. National Detention Standards. Medical grievance procedures and protocol. Requirement for special needs detainees. Code of Ethics Drug free workplace Hostage situations and staff conduct if taken hostage. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the fourteen bulleted items in this component.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans 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 abuse/assault awareness National Detention Standards. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the twenty-four bulleted items in this component.
 11. Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. 	\boxtimes			The facility ICE Situation Response Team receives 80 hours of special instruction and training prior to their assignment. The facility contract detention Disturbance Control Team (DCT) receives 40 hours of special instruction and training prior to their assignment.
Facility management and supervisory staff receive:	\boxtimes			The ICE supervisory staff attends a basic and advanced leadership course. The supervisors from the contract detention staff attend a 40-hour supervisor's course.

requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	Y/N	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			The firearm curriculum indicates staff receives the appropriate training that addresses safety, care and constraints on their use. Staff is never assigned prior to training.	
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			The ICE officers are required to recertify on a quarterly basis. The contract detention officers are also required to re-certify on a quarterly basis and pass a yearly State of New York firearms competency course.	
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.	\boxtimes			(b)(7)e	
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 	\boxtimes			A review of the training curriculum and training files indicated that the facility meets the requirements of the six bulleted items in this component.	
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				

requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the five bulleted items in this component.		
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.						
 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary resuscitation (CPR). Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. 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. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the five bulleted items in this component.		

requiring that they receive initial and origoning remesties training.						
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: Understanding that sexual abuse or assault is never an acceptable consequence of detention. Recognizing housing or other situations where sexual abuse or assault may occur. Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the four bulleted items in this component.		
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 				A review of the training curriculum, training files, and staff interviews, indicated that the facility meets the requirements of the seven bulleted items in this component.		
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\boxtimes					
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	\boxtimes			All staff receives training, by the Key Control Officer, in key control as part of their orientation and annual training requirements.		

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		
 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. 				A review of the training curriculum, and training files indicated that the facility meets the requirements of the eleven bulleted items in this component.		
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes					
PART 7 – 40. STAFF TRAINING						

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

The facility has a contract with Valley Metro Barbosa Group to provide facility staffing for the food service department, facility detention officers, and facility detention supervisors. Before assuming duties, each new employee is provided appropriate orientation as required by training staff from the Valley Metro Barbosa Group. This training is reviewed and approved as a contract item by ICE.

Centurion Group Inc. has a contract with ICE to provide maintenance services and staff for the facility. Before assuming duties, each new employee is provided appropriate orientation as required by ICE training officers. This training is reviewed and approved as a contract item by ICE.

The medical department is staffed by Immigration Health Services Corps (IHSC). Before assuming duties, each new employee is provided appropriate orientation as required by ICE training officers.

This inspector reviewed lesson plans, training files, attendance sheets, training curriculum, and interviewed staff and supervisors. Before assuming duties, each new employee is provided appropriate orientation as required. Staff receives annual training as required throughout the year. Staff assigned to special response teams receives commensurate training including annual refresher courses. The amount and content of the training appears to be consistent with the duties and function of each individual. All training was documented in permanent training files.

(b)(6), (b)(7)(c) / <u>03/08/2012</u> Reviewer's Signature / Date

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	A/N	Remarks
 When a detainee is represented by legal counsel or legal representative, and a G-28 has been filed, the representative of record is notified by the detained Deportation Officer within 24 hours of transfer. The notification is recorded in the detainee's fire when the A-File is not available, notification noted within ENFORCE. 	he e's e 🗵			According to facility policy and interviews with facility staff, when the detainee is represented by legal counsel or a legal representative, these individuals are notified by the Deportation Officer within 24 hours of the transfer and the notification is placed in the detention file and the A-File.
Notification includes the reason for the transfer a the location of the new facility,	nd 🖂			According to facility staff, the notification would include the reason for the transfer and the location of the new facility.
The deportation officer is allowed discretion regarding the timing of the notification when extenuation circumstances are involved.				According to facility staff interviewed and review of the policy, the timing of the notification is left up to the discretion of the deportation officer.
 The attorney and detainee are notified that it is the responsibility to notify family members regarding transfer. 				
 Facility policy mandates that: Times and transfer plans are never discussed we the detainee prior to transfer. The detainee is not notified of the transfer unimmediately prior to departing the facility. The detainee is not permitted to make any phocalls or have contact with any detainee in togeneral population. 	ntil 🖂			According to facility policy and interviews with supervisory staff at the facility the elements of this component are complied with because of staff safety concerns.
The detainee is provided with a completed Detain Transfer Notification Form.				
7. Form G-391 or equivalent authorizing the removal of detainee from a facility is used.	fa 🛛			

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
 8. For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. 				According to supervisory staff interviewed and facility policy all medical transfers are coordinated through Immigration Health Services Corps, (IHSC). Medical transfers are coordinated through the ICE/ERO staff; the medical transfer summary is sealed and accompanies the detainee. This facility provides 7 days of medication for transfers and 14 days of medication for detainees that are being deported.
 Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential. 	\boxtimes			
For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			According to facility policy and supervisory staff, transporting officers receive instruction regarding the medical issues.
 Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location. 	\boxtimes			
12. Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes			
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				Staff interviewed indicated that this was standard practice at all ICE facilities, and it occurs at this facility. However, they could not attest that it occurred at the receiving facility.
14. Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	\boxtimes			

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	W/A	Remarks	
A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				According to facility policy and interviews with facility staff, the A-File will accompany the detainee that is being transferred if the transfer is to a different Field Office or sub-office. However, if for some reason the file does not accompany the detainee, the A-File is forwarded to the receiving office via overnight mail the next business day.	
PART 7 - 41. TRANSFER OF DETAINEES					

PART 7 - 41, TRANSFER OF DETAINEES

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

During this inspection, the facility policy regarding detainee transfers was reviewed and facility staff involved in the process of detainee transfers were interviewed. Documentation in the detention files of detainees that had been transferred was also reviewed. This indicated that the elements of the standard dealing with detainee transfers were being met.

(b)(6), (b)(7)(c) $\sqrt{\frac{03/08/2012}{2012}}$

Reviewer's Signature / Date