

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



MEMORANDUM FOR:

Ricardo Wong

Field Office Director

C1.:--- F:-11 OCC.

FROM:

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

Assistant Director for Custody Management

SUBJECT:

Caldwell County Detention Center Annual Review 2012

The annual review of the Caldwell County Detention Center conducted on May 1-3, 2012, in Kingston, MO has been received. A final rating of <u>Acceptable</u> has been assigned and this review is closed.

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

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

Should you or your staff have any questions regarding this matter, please contact (b)(6), (b)(7)(c) Deputy Assistant Director, Custody Management Division at (202) 73(2)(6), (b)(7)(c)

cc: Official File

ICE 2012FOIA03030.004379

A. Type of Facility Reviewed	Estimated Man-days Per Year:			
☐ ICE Service Processing Center	13400			
☐ ICE Contract Detention Facility				
ICE Intergovernmental Service Agreement	G. Accreditation			
	List all State or N	National Accr	editation[s] rece	ived:
B. Current Inspection				
Type of Inspection	Check box if	f facility has r	no accreditation[s]
Field Office HQ Inspection				
Date[s] of Facility Review	H. Problems / C			
05/01/2012 - 05/03/2012	The Facility is un	nder Court Oi	rder or Class Act	ion Finding
	Court Order		Class Action Or	
C. Previous/Most Recent Facility Review	The Facility has			
Date[s] of Last Facility Review	☐ Major Litigat	ion 🗌	Life/Safety Issu	es
05/03/2011 - 05/05/2011	Check if Nor	ne.		
Previous Rating				
☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk	I. Facility His	tory		
D. N	Date Built			
D. Name and Location of Facility	2004			
Name	Date Last Remo	deled or Upgi	raded	
Caldwell County Detention Center Address (Street and Name)	N/A			
280 West Main Street	Date New Construction / Bed space Added			
City, State and Zip Code	N/A			
Kingston, Missouri 64650	Future Construction Planned			
County	Yes No Date: N/A			
Caldwell	Current Bed space Future Bed space (# New Beds			ew Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	128 Number: N/A Date: N/A			/A
(b)(6), (b)(7)(c)				
Telephone # (Include Area Code)	J. Total Facili	ty Population	n	
816-58 (6), (b)(7)(c)	Total Facility Intake for previous 12 months			
Field Office / Sub-Office (List Office with oversight responsibilities)	2080			
Chicago/Kansas City	Total ICE Man-c	lays for Previ	ous 12 months	
Distance from Field Office	13806			
500 miles/55 miles				
	K. Classification	on Le <u>vel (IC</u>		Fs Only)
E. ICE Information		L-		L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	N/A	N/A	N/A
(b)(6), (b)(7)(c) LCI, Medical SME / Nakamoto	Adult Female	N/A	N/A	N/A
Name of Team Member / Title / Duty Location				
(b)(6), (b)(7)(Security SME / Nakamoto				
Name of Team Member / Title / Duty Location	L. Facility Cap			
(b)(6), (b)(7)(c)afety/Food Service SME / Nakamoto		Rated	Operational	Emergency
Name of Team Member / Title / Duty Location	Adult Male	114	114	144
(b)(6), (b)(7)(c) Inspector / Nakamoto	Adult Female	14	14	14

F. (CDF/	IGSA	Inform	ation	Only
------	------	------	--------	-------	------

Name of Team Member / Title / Duty Location

Date of Contract or IGSA			
03/29/04			
Basic Rates per Man-Day			
\$65.97			
Other Charges: (If None, Indicate N/A)			
Detainee transport included in the basic rate			

M. Average Daily Population

Adult Female

	ICE	USMIS	Otner
Adult Male	33	16	35
Adult Female	4	3	3
Adult Female	4	3	3

☐ Facility holds Juveniles Offenders 16 and older as Adults

N. Facility Staffing Level

Security:		Support:	
	(b)(7)(e)		

Significant Incident Summary Worksheet

For Nakamoto 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.)	18	N/A	N/A	1P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	1	0	0	1
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	1P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Number of Forced Moves, incl. Forced Cell moves ³		0	2	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	1V
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	С
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	5	14	10	6
	# Resolved in favor of Offender/Detainee	1	4	3	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	15	25	12	14
	# Psychiatric Cases referred for Outside Care	0	2	0	0

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

Form G-324A SIS (Rev. 7/9/07)

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.

1. 2. 3. 4.	Access to Legal Materials Group Presentations on Legal Rights Visitation Telephone Access e Services Admission and Release Classification System Correspondence and Other Mail Detainee Handbook Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
2. 3. 4. Detaine 5. 5. 5. 7. 3. 0. 11. 12.	Group Presentations on Legal Rights Visitation Telephone Access e Services Admission and Release Classification System Correspondence and Other Mail Detainee Handbook Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
Detaine 5. 6. 7. 8. 0. 1. 2.	Telephone Access e Services Admission and Release Classification System Correspondence and Other Mail Detainee Handbook Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
Detaine 5. 6. 7. 8. 0. 10.	e Services Admission and Release Classification System Correspondence and Other Mail Detainee Handbook Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
5. 5. 7. 3. 9. 10.	e Services Admission and Release Classification System Correspondence and Other Mail Detainee Handbook Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
5. 7. 3. 0. 10. 11.	Classification System Correspondence and Other Mail Detainee Handbook Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
7. 3. 0. 10. 11.	Correspondence and Other Mail Detainee Handbook Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
3. 9. 10. 11.	Detainee Handbook Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
). 10. 11. 12.	Food Service Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
10. 11. 12.	Funds and Personal Property Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
11. 12.	Detainee Grievance Procedures Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
12.	Issuance and Exchange of Clothing, Bedding, and Towels Marriage Requests Non-Medical Emergency Escorted Trip					
	Marriage Requests Non-Medical Emergency Escorted Trip					
13.	Non-Medical Emergency Escorted Trip					
	9 · 1		ļ L			
14.						
15.	Recreation	\boxtimes				
16.	Religious Practices	\boxtimes				
17.	Voluntary Work Program					
Health S	Services					
18.	Hunger Strikes	\boxtimes				
19.	Medical Care	\boxtimes				
20.	Suicide Prevention and Intervention	\boxtimes				
21.	Terminal Illness, Advanced Directives and Death					
Security	y and Control					
22.	Contraband					
23.	Detention Files	\boxtimes			Ш	
24.	Disciplinary Policy					
25.	Emergency Plans		Щ	Щ	Щ	
26.	Environmental Health and Safety		Щ	Щ	Щ	
27.	Hold Rooms in Detention Facilities		Щ	Ш	Ш	
28.	Key and Lock Control	\boxtimes	Щ	Щ	Щ	
29.	Population Counts		Щ		Щ	
30.	Post Orders		닏	\sqcup	닏	
31.	Security Inspections		Щ	\sqcup	닏	
32.	Special Management Units (Administrative Segregation)		닏	닏	닏	
33.	Special Management Units (Disciplinary Segregation)		Щ	Щ	닏	
34.	Tool Control		닏	\sqcup	닏	
35.	Transportation (Land management)		닏	\sqcup	닏	
36.	Use of Force		닏	\sqcup	닏	
37. 38.	Staff / Detainee Communication (Added August 2003) Detainee Transfer (Added September 2004)		Щ		Щ	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

L	CI	R	eview	Assurance	Statement	í

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
LCI/Medical SME, The Nakamoto Group, Inc.	05/03/2012
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)6, (b)(7)c Safety/Food Service SME, The Nakamoto Group	(b)6, (b)(7)c Inspector, The Nakamoto Group
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)6, (b)(7)c Security SME, The Nakamoto Group	
Recommended Rating: Superior Good Acceptable Deficient At-Risk	

Comments:

The Caldwell County Detention Center is an indirect supervision facility, with the housing units and the recreation area located around the Control Room. The facility has five housing units, two with 14 beds, two with 24 beds and one with 48 beds. Cells within the housing units have two to six beds. The facility houses male and female ICE and non-ICE detainees. The majority of the ICE detainees are classified as Level 1 or Level 2. Most male ICE detainees are housed in six-bed cells in the large housing unit. Female ICE detainees are housed with female non-ICE detainees in two-bed cells in a 14-bed unit. Although some ICE detainees remain in the facility for longer periods of time, the average length of stay is less than one week. During the inspection, the facility housed 40 male and 3 female ICE detainees. The facility is part of the Caldwell County Sheriff's Office, with a lieutenant serving as the jail administrator.

In the past twelve months, the facility has had no escapes, deaths, or suicide attempts.

	(b)(7)e
	(b)(7)e
(b)(7)e	Canines are not permitted in the facility.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

The facility has a medical co-pay system, but detainees are exempt from these charges.

Although the housing units were clean, the walls inside the cells in the main detainee housing unit were covered with graffiti. There were also many paper airplanes lodged above a metal grate under the skylight in the ceiling of the housing unit. Per administrative staff, any attempt to remove these items would be cost-prohibitive as special equipment would be needed to reach the grating.

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



ICE Detention Standards Review Worksheet

State Facility – IGSA
☐ ICE Contract Detention Facility
·
Name
Caldwell County Detention Center
Address (Street and Name)
280 West Main Street
City, State and Zip Code
Kingston, Missouri 64650
County
Caldwell
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)(c)
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(c) LCI
Date[s] of Review
From 5/1/12 to 5/3/12
Type of Review
Headquarters Operational Special Assessment Other

TABLE OF CONTENTS

DETAINEE SERVICES STANDARDS (SECTION I)
ACCESS TO LEGAL MATERIALS
ADMISSION AND RELEASE
CLASSIFICATION SYSTEM
CORRESPONDENCE AND OTHER MAIL
DETAINEE HANDBOOK
FOOD SERVICE
FUNDS AND PERSONAL PROPERTY.
DETAINEE GRIEVANCE PROCEDURES
GROUP PRESENTATIONS ON LEGAL RIGHTS
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS
MARRIAGE REQUESTS
NON-MEDICAL ESCORTED TRIPS
Recreation
Religious Practices
ACCESS TO TELEPHONES
VISITATION
VOLUNTARY WORK PROGRAM
HEALTH SERVICES STANDARDS (SECTION II)
HUNGER STRIKES
ACCESS TO MEDICAL CARE
SUICIDE PREVENTION AND INTERVENTION
TERMINAL ILLNESS, ADVANCED DIRECTIVES AND DEATH
SECURITY AND CONTROL STANDARDS (SECTION III)
CONTRABAND
DETENTION FILES
DISCIPLINARY POLICY
EMERGENCY PLANS
ENVIRONMENTAL HEALTH AND SAFETY
HOLD ROOMS IN DETENTION FACILITIES
KEY AND LOCK CONTROL
POPULATION COUNTS
POST ORDERS
SECURITY INSPECTIONS
SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION)
SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)
TOOL CONTROL
TRANSPORTATION (LAND)
Use of Force
STAFF/DETAINEE COMMUNICATIONS
DETAINEE TRANSFER STANDARD

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

SECTION I DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The facility provides a designated law library for detainee use.	\boxtimes			
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.	\boxtimes			Required materials are contained in the LexisNexis software supplied by ICE.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	\boxtimes			The law library is located across a hallway from the detainee housing units in a room that is also used for visiting. Visiting is limited to evenings, weekends and holidays, and is not taking place when the law library is being used. The area is isolated and quiet.
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.				
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	\boxtimes			
Where provided, the Lexus Nexus library is updated and is current.	\boxtimes			The LexisNexis software is dated 04/30/2012.
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.				
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	\boxtimes			The administrative assistant is responsible for the law library and inspects the library weekly, along with the detention staff.
Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.				Detainees are offered use of the law library five hours per week and may request additional time if a court deadline is imminent. Detainees do not forego recreation time for law library access.
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.				Detainee requests for legal materials not available in the library are forwarded to ICE. ICE complies with the requests in a timely manner.
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.				
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.				Detainees who are illiterate or non-English speaking may request assistance from staff. The facility will work with ICE to ensure any such detainee receives the assistance needed.
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.				
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			
All denials of access to the law library fully documented.				There have been no instances of denial in the past twelve months.

ACCESS TO LEGAL MATERIALS POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS. COMPONENTS DEF ACC N/A REMARKS Facility staff informs ICE Management when a detainee or group There have been no instances of denial in of detainees is denied access to the law library or law materials. \boxtimes the past twelve months. If one occurred, ICE would be notified. Detainees who seek judicial relief on any matter are not subjected \boxtimes to reprisals, retaliation, or penalties. **DEFICIENT ACCEPTABLE** AT-RISK REPEAT FINDING

REMARKS:

A review of policy and library logs, a tour of the law library, and detainee and staff interviews were used to determine compliance with this standard. Detainees have access to a law library and other services as required by the standard.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

ADMISSION AND RELEASE

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

COMPONENTS	ACC	DEF	N/A	REMARKS
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	\boxtimes			The facility rules, policies and procedures, which address all of the items listed in this component, are explained in the facility handbook and/or the ICE National Detainee Handbook. The latter is given to detainees by ICE. The facility handbook is available to each detainee through use of an electronic kiosk system available in each housing unit. The booking sergeant gives each detainee a verbal orientation of the facility.
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.				Trained detention staff perform an initial medical screening of all arriving detainees.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	\boxtimes			ICE classifies the detainees prior to their arrival at this facility. Available criminal history information used for classifying the detainee is provided by ICE and reviewed by facility staff.
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.				
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	\boxtimes			
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.	\boxtimes			The policy on searching detainee property is based on the Contraband standard. An inventory of the detainee's property is prepared, and a copy is given to the detainee.
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes			Detainee property is stored in a secure area. Property is inventoried, placed in a sealed bag and not opened without prior approval by ICE.
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.		\boxtimes		This component was rated as deficient during the last inspection due to the facility charging detainees to replenish personal hygiene items. Per facility procedures, as long as the detainee has funds, he/she is still expected to pay for replenishing personal hygiene items. This is a repeat deficiency.
All releases are properly coordinated with ICE using a Form I-203.	\boxtimes			Releases are coordinated with ICE using Form I-203.
Staff completes paperwork/forms for release as required.	\boxtimes			Releases are accomplished within the prescribed guidelines.
ACCEPTABLE DEFICIENT		AT_R	ICIZ	REPEAT FINDING

REMARKS:

Policy was reviewed, staff were interviewed and the intake process was observed in order to evaluate this standard. Staff adhere to policy and procedures. Unless they are indigent, detainees are required to pay to replenish personal hygiene items.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

CLASSIFICATION SYSTEM

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	×			The facility has a system for classifying detainees; however, detainees are classified by ICE prior to arrival. The information used to classify the detainee is reviewed by facility staff upon the detainee's arrival.
 The facility classification system includes: Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision. 	\boxtimes			Classifications are determined by ICE and reviewed upon the detainee's arrival. The facility has procedures in place to ensure that detainees are housed according to classification levels.
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			The detainees are classified by ICE before transfer to this facility. Upon the detainee's arrival, the booking sergeant reviews the classification document provided by ICE.
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				ICE classifies each detainee before transfer to this facility. Information used to classify the detainee is reviewed by facility staff to confirm the classification assignment.
Housing assignments are based on classification-level.	\boxtimes			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			Detainees are housed with similarly classified detainees and allowed recreation in the adjacent recreation area.
Detainee work assignments are based upon classification designations.				Detainees are not allowed to work at this facility.
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.				
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			Detainees are classified by ICE. All requests for a reduction in classification assignment are forwarded to ICE for review and a decision.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	\boxtimes			Because classification of ICE detainees is the responsibility of ICE, any request for a change in classification received from an ICE detainee would be forwarded to ICE. A review of the ICE request log revealed that detainees' requests are answered within 72 hours.
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.				All decisions regarding the classification designations of ICE detainees are made by ICE. A detainee may submit a request to ICE to have his/her classification level changed.
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes			
✓ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

Policy, log books and detention files were reviewed by the inspector. In addition, a Deportation Officer and the facility administrative assistant, booking sergeant and training sergeant were interviewed. ICE has responsibility for all classification decisions.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The rules for correspondence and other mail are posted in each	nec	DEF	14/11	The detainee handbook outlines the
housing or common area, or provided to each detainee via a detainee handbook.	\boxtimes			procedures for the handling of correspondence. The handbook is available to each detainee through the recently installed electronic kiosk system. The kiosks are located in the common area of each housing unit where they are accessible to detainees throughout most of each day.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	\boxtimes			The detainee handbook is provided in both English and Spanish, the two most prevalent languages spoken by the detainee population. The appropriate version of the handbook is entered into each detainee's kiosk-based electronic mailbox. The detainee enters his/her password to access the information.
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			
Outgoing mail is delivered to the postal service within one				
business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes			
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.				Staff open and inspect all incoming detainee mail for security reasons. This procedure is not limited by specific security guidelines as to what would qualify the mail to be opened without the detainee being present.
Staff does not read incoming general correspondence without the Warden's prior written approval.				Incoming general correspondence is inspected for contraband, but is not read.
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			
Staff is prohibited from reading or copying incoming special correspondence.	\boxtimes			
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				Before it is sealed and mailed, all outgoing correspondence is inspected for contraband without the detainee being present.
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	\boxtimes			
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			A notification is sent to both the sender and addressee when incoming correspondence is rejected.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			The facility sends written notification of any rejected incoming mail to both the sender and the detainee.
Staff maintains a written record of every item removed from detainee mail.	\boxtimes			
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	\boxtimes			Cash received through the mail is credited the same day to the detainee's account. The amount of cash received is verified by two staff members. A receipt is issued to the detainee.
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.				Any original identity documents received in incoming mail are immediately forwarded to ICE. ICE will provide copies of identity documents received through the mail to the detainees.
Staff provides the detainee a copy of his/her identity document(s) upon request.	\boxtimes			Copies of identity documents are requested through ICE. The copies are shown to the detainee and maintained in the detainee's property while the detainee remains at the facility.
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.				
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.				At no expense to the detainee, indigent detainees are provided with stamps, envelopes and paper to mail legal documents.
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.				Stamps can be purchased through a kiosk located in each housing unit.
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.				
		AT-R	RISK	REPEAT FINDING

REMARKS:

This standard was evaluated by reviewing policy and post orders, and by interviewing the administrative assistant, the training sergeant and detainees. Additionally, the distribution of mail was observed during the inspection. Procedures for correspondence are contained in the detainee handbook. Staff open and inspect all incoming general correspondence for security reasons. This procedure is not limited by specific security guidelines as to what would qualify the mail to be opened without the detainee being present. In addition, the facility inspects all outgoing general correspondence for contraband, without the detainee being present, before that correspondence is sealed and mailed.

(b)(6), (b)(7)(c) 05/03/2012

AUDITOR'S SIGNATURE / DATE

DETAINEE HANDBOOK

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	\boxtimes			The facility detainee handbook available in English and Spanish, is written in electronic format and downloaded into the "Turnkey" Inmate kiosks located in each housing unit, giving all detainees access to the handbook. The ICE National Detainee Handbook is printed in English and Spanish, and a copy is offered to each detainee.
The handbook is supplemented by the facility orientation video, where one is provided.			\boxtimes	No orientation video is available.
All staff members receive a handbook and training regarding the handbook contents.	\boxtimes			All staff have reviewed the handbook and have access to the electronic version.
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			
There an annual review of the handbook by a designated committee or staff member.				The annual review is conducted by a committee, members of which include the jail administrator, the administrative assistant and the training sergeant. The handbook is revised as needed, signed by the jail administrator and published.
 The detainee handbook addresses the following issues: Personal Items permitted to be retained by the detainee; and Initial issue of clothes, bedding and personal hygiene items. 	\boxtimes			
The detainee handbook states in clear language the basic detainee responsibilities.	\boxtimes			
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			The ICE classification system is explained in detail in the facility and ICE handbooks.
The handbook states when a medical examination will be conducted.	\boxtimes			
The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.		\boxtimes		Citing security reasons, the facility opted not to include a description of the housing units and other areas of the facility.
The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices.	\boxtimes			
The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			The issuance of razors for shaving is by request between 7:00 and 8:00 AM daily. Special arrangements may be made as needed for grooming prior to a court appearance.
The handbook describes barber hours and hair cutting restrictions.	\boxtimes			Barbering equipment is available in each housing unit twice each month.

DETAINEE HANDBOOK

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.				
The handbook addresses religious programming.				No Sunday worship is offered, but Protestant services are offered on Monday and Catholic services are offered on Wednesday. In addition, clergy may be scheduled to visit a detainee upon request.
The handbook states times and procedures for commissary or vending machine usage, where available.				Commissary services are available at the facility, but vending machines are not.
The handbook describes the detainee voluntary work program.			\boxtimes	The facility does not have a detainee voluntary work program. All work is done by facility staff or contract workers.
The handbook describes the library location and hours of operation, and law library procedures and schedules.	\boxtimes			Library book carts are taken to the housing units twice each week. Law library books are available upon request.
The handbook describes attorney and regular visitation hours, policies, and procedures.	\boxtimes			
The handbook describes the facility contraband policy.	\boxtimes	П	П	
The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.				A detailed description of visiting days and procedures is included in the handbook. An interview with two detainees indicated the visiting rules are understood.
The handbook describes the correspondence policy and procedures.	\boxtimes			
The handbook describes the detainee disciplinary policy and procedures, including: • Prohibited acts and severity scale sanctions; • Time limits in the Disciplinary Process; and • Summary of the Disciplinary Process.		\boxtimes		The handbook includes a list of all general detainee rules, including prohibited acts and sanctions. It does not address time limits or levels of discipline.
 The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDF facilities: procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. The detainee handbook describes the medical sick call procedures for general population and segregation. 				A description of the grievance process addresses all of the items listed in this component. A detainee may submit an electronic request for medical services via use of the kinsk in
procedures for general population and segregation.				for medical services via use of the kiosk in each housing unit, or may submit a completed written request form.

DETAINEE HANDBOOK						
POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HA	POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION					
POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY.	THE HA	ANDBOO	K WILL .	ALSO DESCRIBE THE SERVICES, PROGRAMS, AND		
OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUD	ING THE	FACILITY	Y, ICE, I	PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE		
WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO TH	HE FACIL	ITY.				
COMPONENTS	ACC	DEF	N/A	REMARKS		
The handbook describes the facility recreation policy including:						
 Outdoor recreation hours. 	\boxtimes					
 Indoor recreation hours. 						
The handbook describes the detainee dress code for daily living;	\boxtimes			The dress code and laundry/clothing		
and work assignments.				exchange policy is outlined.		
The handbook specifies the rights and responsibilities of all	\boxtimes					
detainees.						
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING		

REMARKS:

The facility detainee handbook provides a description of the detention experience at this facility. The description includes rules, rights, responsibilities, privileges and various available programs. The handbook is downloaded to each detainee's account number on the Turnkey kiosk system. The handbook can be viewed at a kiosk located in each housing unit. The detainee is also given a printed copy of the ICE National Detainee Handbook. These handbooks have all of the information needed during detention.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

FOOD SERVICE

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The food service program is under the direct supervision of a <u>professionally trained</u> and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	\boxtimes			Food service is provided through a contract with Catering by Marlin (CBM). The Food Service Administrator (FSA)/kitchen manager is professional trained through CBM, and holds Missouri Food Handler and Food Service Manager certifications. She has final authority in determining the responsibilities of the cook foremen and over the food service operation.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.	\boxtimes			In the absences of the FSA, one of th _{(b)(7)(e)} cook foreman is appointed and serves as the acting FSA.
The FSA provides food service employees with training that specifically addresses detainee-related issues. • In ICE Facilities this includes a review of the ICE "Food Service" standard	\boxtimes			Food service staff have completed training provided by the training sergeant and the contractor. This training addressed issues related to working in food service in a detention facility. No detainees work in the food service department.
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	\boxtimes			The knives are locked in a steel drawer. Access is limited to the food service staff. Per observations on each day of the inspection, knives were not used during food preparation.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	\boxtimes			Detainees do not work in food service and are not permitted into the food service area. The FSA monitors the staff use of knives.
When necessary, special procedures govern the handling of food items that pose a security threat.	\boxtimes			The food inventory does not include foods and spices which would cause a security threat.
Operating procedures include daily searches (shakedowns) of detainee work areas.				Detainees do not work in, and are not permitted to enter, the food service area. The FSA and cook foremen, however, survey the complete kitchen at the beginning of each work day. Any unexpected findings are reported and documented.
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.			\boxtimes	Detainees do not work in, and are not permitted to enter, the food service area. Therefore, no count is conducted in the food service area.
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.			\boxtimes	No detainees work in the food service area.
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				No detainees work in the food service area.
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.			\boxtimes	No detainees work in the food service area.

FOOD SERVICE

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

COMPONENTS	ACC	DEF	N/A	REMARKS
During orientation and training session(s), the CS explains and	7100	DLI	14/11	HEMIKKS
demonstrates:				
Safe work practices and methods;				
• Safety features of individual products/pieces of				
equipment; and	Ш		\boxtimes	No detainees work in the food service area.
• Training covers the safe handling of hazardous				
material[s] the detainees are likely to encounter in their				
work.				
The Cook Supervisor documents all training in individual			\boxtimes	No detainees work in the food service area.
detainee detention files.				No detainees work in the food service area.
Detainees at CDFs are paid in accordance with the "Voluntary				
Work Program" standard. Detainee workers at IGSAs are			\boxtimes	No detainees work in the food service area.
subject to local and state rules and regulations regarding detainee	ш	ш		No detainees work in the food service area.
pay.				
Detainees are served at least two hot meals every day. No more				Detainees receive hot meals for lunch and
than 14 hours elapse between the last meal served and the first	\boxtimes			dinner. Breakfast is served approximately 13
meal of the following day.				hours after the previous evening's dinner
				meal.
For cafeteria style operations, a transparent "sneeze guard"				The facility has no cafeteria style operation.
protects both the serving line and salad bar line.			\boxtimes	Detainees' meals are provided through a
TI 6 '1', 1 , 1 127 1 1 100 A				satellite feeding system.
The facility has a standard 35-day menu cycle. IGSAs use a				The facility uses a 35-day menu cycle which
35 day or similar system for rotating meals.	\boxtimes		Ш	is approved by a registered dietitian and the
The FSA or facility considers the ethnic diversity of the				jail administrator. The facility attempts to include menu items
facility's detainee population when developing menu cycles				consistent with the ethnic make-up of the
(Provide examples).	\boxtimes			population. These are suggested by staff or
(110 vide examples).				detainees and include the use of items such as
				rice and beans.
A registered dietitian conducts a complete nutritional analysis of				The nutritional analysis is completed by the
every master-cycle menu planned.	\boxtimes			contractor's registered dietitian.
The FSA has established procedures to ensure that items on the				The FSA was present at the preparation of
master-cycle menu are prepared and presented according to	\boxtimes			each meal during the inspection. Per the food
approved recipes.		Ш		service staff, this is standard operating
				procedure.
The Cook Foreman has the authority to change menu items if				The cook foremen have the authority to
necessary.				change a menu item, but it is done only in
• If yes, documenting each substitution, along with its				consultation with the facility administration.
justification	\boxtimes		Ш	The FSA is informed, the change is
 With copy to FSA 				documented, and the substitutions involve
				similar items, such as protein source for
All staff and volunteers know and adhere to written "food				another protein source. Staff are knowledgeable and follow proper
preparation" procedures.	\boxtimes		П	procedures. No detainee volunteers are used
preparation procedures.				in the food service department.
Detainees whose religious beliefs require the adherence to				in the root service department.
particular religious dietary laws are referred to the Chaplain or				
FSA.				

FOOD SERVICE

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

COMPONENTS	ACC	DEF	N/A	REMARKS
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. Changes to the planned common-fare menu can be made at the facility level; Hot entrees are offered three times a week; The common-fare menus satisfy nutritional recommended daily allowances (RDAs); Staff routinely provide hot water for instant beverages and foods; Common-fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Reusable plates and utensils.	\boxtimes			The FSA is aware of and observes the policy for common-fare meals. She instructs her staff in the service of such meals, monitors the preparation and maintains documentation of those who are approved to receive such meals.
A supervisor at the command level must approve a detainee's	\boxtimes			
removal from the Common-Fare Program. The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes			The schedule is published jointly by the FSA and the jail administrator.
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for-Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	\boxtimes			The preparation of a common fare meal was observed on 05/01/2012 and was in full compliance with policy. The FSA indicated she is aware of the many types of religious observances and facility policy concerning these observances. The common-fare program addresses all of the items listed in this component.
The food service program addresses medical diets.	\boxtimes			
Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			The preparation of food trays, food cart management, the passing of trays in the housing unit and the clean-up process were observed during 2 meals. Appropriate sanitation guidelines were followed.
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	\boxtimes			Temperature logs were reviewed for the past 30 days and food temperatures were observed during the inspection. All temperatures were within proper and safe margins.
All meals are provided in nutritionally adequate portions.	\boxtimes			Per observation of meal preparation and plating for lunch and dinner meals during the inspection, proper portion control was used.
Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
The food service staff instructs detainee volunteers on: • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food; and • The sanitary operation, care, and maintenance of equipment.			\boxtimes	No detainees work in the food service area.
Everyone working in the food service department complies with food safety and sanitation requirements.				

FOOD SERVICE						
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.						
COMPONENTS	ACC	DEF	N/A	REMARKS		
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?	\boxtimes			The FSA conducts sanitation inspections daily. The jail administrator conducts unannounced inspections at least once a week.		
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?				The Show Me Equipment Company inspected the food service equipment on 04/25/2012.		
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.				Discrepancies are reported verbally as they occur. The maintenance supervisor maintains a list of needed repairs.		
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.				Established procedures are in place for maintaining wash, rinse, and sanitation temperatures or chemical at appropriate levels.		
Staff documents the results of every refrigerator/freezer temperature check.				Temperature logs reviewed confirmed proper temperatures were maintained.		
The cleaning schedule for each food service area is conspicuously posted.	\boxtimes			The cleaning schedule is posted. The cleaning is completed by contract staff members on May 1, 2012, in a "clean as you go" method.		
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			All products coming into the facility are inspected twice. Detention staff inspect the shipments for contraband. The FSA inspects the shipments for invoice accuracy, pest infestation and quality.		
Storage areas are locked when not in use.				In accordance with policy, the storage areas are locked when not in use.		
☐ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING						

REMARKS:

Food service is provided under a contract with Catering by Marlin. Contract staff include a certified food service administrator and two cook foremen. Detainee volunteer workers are not used. The sanitation, temperature logs, food storage, food preparation and security in the food service area were observed. Appropriate safety and security practices are followed. Food service staff are knowledgeable and are aware of facility policies and procedures pertaining to food service. No significant complaints about the meals served were voiced during interviews with seven detainees.

(b)(6), (b)(7)(c) 05/03/2012 AUDITOR'S SIGNATURE / DATE

FUNDS AND PERSONAL PROPERTY					
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY. STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.					
COMPONENTS	ACC	DEF	N/A	REMARKS	
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).					
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			All large property items are inventoried, labeled, and stored in the property room. Access to this room is limited to authorized staff.	
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSAs and CDFs, using a personal property inventory form that meets the ICE standard?					
Staff forwards an arriving detainee's medication to the medical staff.	\boxtimes			Medication is removed from a detainee's property during in-processing and given to medical staff.	
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.	\boxtimes			Audits of detainee personal property are conducted and documented on a quarterly basis.	
Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.	\boxtimes			Per staff interviews, two officers are present to verify the handling of funds.	
Staff searches arriving detainees and their personal property for contraband.	\boxtimes				
Staff procedures follow written policy for returning forgotten property to detainees.				Forgotten property belonging to transferred or released detainees is given to ICE.	
Property discrepancies are immediately reported to the CDEO or Chief of Security.				Information on any missing detainee property is immediately shared with the jail administrator.	
Staff follows written procedures when returning property to detainees.					
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	\boxtimes			Policy and procedure for processing property claims are consistent with the standard.	
 The facility attempts to notify an out-processed detainee that he/she left property in the facility: By sending written notice to the detainee's last known address; Via certified mail; and The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				Forgotten property is given to ICE for processing.	
The facility disposes of abandoned property in accordance with written procedures. • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE. Acceptable Deficient		☐ AT-R		Abandoned property is turned over to the ICE representative. REPEAT FINDING	
ACCEPTABLE DEFICIENT		」 A.I-K	ACI.	NEPEAT FINDING	

REMARKS:

Observations, including that of one ICE detainee admitted to the facility during the inspection, documentation reviews and interviews with facility staff confirmed the proper management of a detainee's personal property and currency during in-processing. All items

received from detainees are documented, labeled, and secured in a locked closet. Access to the property is limited, and it is inventoried on a regular schedule. Staff are knowledgeable about procedures for handling property and funds. A review of the logs and records indicated the proper procedures are well established.

(b)(6), (b)(7)(c) 05/03/2012

AUDITOR'S SIGNATURE / DATE

DETAINEE GRIEVANCE PROCEDURES

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory). • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.	\boxtimes			In accordance with policy, staff are trained to informally resolve problems of detainees at the lowest level in the chain of command and as quickly as possible.
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. • Detainees may seek help from other detainees or facility staff when preparing a grievance. • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				Staff have been trained on grievance procedures and have access to the facility grievance policy.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.				Per the jail administrator and a record review, there have been no documented incidents of staff misconduct in the past 12 months.
 Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 				The grievance log maintained by the facility was reviewed. The log and record keeping were consisting with the items listed in this component.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			
		AT-R	IISK	REPEAT FINDING

REMARKS:

The facility has established a grievance program which includes a written policy, staff training and the provision of detainee information concerning the grievance process. Observations, a review of the grievance log and staff interviews indicate the grievance system is functioning.

(b)(6), (b)(7)(c) 05/03/2012 AUDITOR'S SIGNATURE / DATE

GROUP LEGAL RIGHTS PRESENTATIONS

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

CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS, MARK STANDARD AS ACCEPTABLE OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET. **COMPONENTS** DEF N/A REMARKS The Field Office is responsive to requests by attorneys and accredited representatives for group presentations. Upon receipt of concurrence by the Field Office Director, the \Box facility or authorized ICE Field Office ensures timely and proper \Box notification to attorneys or accredited representatives. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and \Box П Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for П the denial. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend. Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are П П documented. Interpreters are admitted when necessary to assist attorneys and \Box other legal representatives. Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session. Staff permits presenters to distribute ICE-approved materials. Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations. The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside \Box organizations.

DEFICIENT

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

A copy of the Group Legal Rights Presentation policy, including

attachments, is available to detainees upon request

ACCEPTABLE

AT-RISK

REPEAT FINDING

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

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

COMPONENTS	ACC	DEF	N/A	REMARKS	
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. • The supply of these items exceeds the minimum required for the number of detainees.					
 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear. 	\boxtimes			Policy and procedures are consistent with the items listed in this component.	
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes			A detainee may request additional clothing for personal warmth. The request will be considered by the jail administrator.	
New detainees are issued clean bedding, linens, and towels. They receive at a minimum: One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.	\boxtimes			Written policy and procedures specify the issuance of the items listed in this component.	
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.				Detainees do not work in this facility.	
Detainees are provided clean clothing, linen and towels. Socks and undergarments - exchanged daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.				Policy establishes a clothing and linen exchange schedule which is consistent with the requirements of this component.	
Food service detainee volunteer workers are permitted to exchange outer garments daily.			\boxtimes	The facility does not have a detainee voluntary work program. Detainees do not work in food service.	
Volunteer detainee workers are permitted to exchange outer garments more frequently.			\boxtimes	The facility does not have a detainee voluntary work program.	
☑ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING					

REMARKS:

The facility's laundry operation, clothing issue and clothing issuance and exchange policy were reviewed, and three detainees were interviewed, in determining compliance with this standard.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

MARRIAGE REQUESTS						
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.						
COMPONENTS	ACC	DEF	N/A	REMARKS		
The Field Office considers detainee marriage requests on a case- by-case basis.				All ICE detainee marriage requests are referred to ICE. Per the Supervisory Immigration Enforcement Agent, ICE would handle all such requests.		
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.						
It is standard practice to require a written request for permission to marry.						
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes					
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.				The jail administrator is not involved in the approval process for marriages. All marriage requests are handled by ICE.		
When permission is denied, the Warden/OIC states the basis for his/her decision.				The jail administrator does not approve or deny marriage requests. All marriage requests are handled by ICE.		
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\boxtimes			If a marriage is approved by ICE, the facility will provide space or prepare the detainee for transfer to another location.		
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING		

REMARKS:

Per an interview with the Supervisory Immigration Enforcement Agent (SIEA) and the jail administrator, the approval or denial authority for detainee marriages is an ICE function. The facility accommodates and supports the detainee's marriage when possible.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

NON-MEDICAL EMERGENCY ESCORTED TRIPS

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

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

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

REMARKS:

Interviews with ICE and facility staff confirmed that all non-medical emergency escorted trips are handled by the ICE Field or Sub-Office in control of the detainee's case. A request for this type of trip has not been received in the past 12 months.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

RECREATION

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The facility has a recreation program and facility.	\boxtimes			
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				The facility has a total of 128 beds, and therefore does not have a recreation specialist. At the time of the inspection, 43 ICE detainees were housed in the facility.
Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			Facility staff maintain all outdoor/indoor recreation space and equipment.
The recreational specialist or trained equivalent supervises detainee recreation workers.			\boxtimes	The facility has no detainee workers. All work tasks are completed by staff.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and specialneeds detainees.	\boxtimes			Officers providing recreation supervision are trained on the post orders and procedures applicable to recreation.
Dayrooms offer sedentary activities, e.g., board games, cards, television.				
Outside activities are restricted to limited-contact sports.	\boxtimes			
Each detainee has the opportunity to participate in daily recreation.	\boxtimes			
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	\boxtimes			Detainees have the opportunity to recreate in a large outdoor/indoor space five days per week.
Staff checks all items for damage and condition when equipment is returned.	\boxtimes			Items available for passive recreation in the housing unit common areas such as games and cards are inspected and replaced as needed. There is no outdoor equipment. The outdoor area is used for walking and jogging.
Staff conducts searches of recreation areas before and after use.	\boxtimes			
All recreation areas under constant staff supervision.	\boxtimes			
Supervising staff is equipped with radios.	\boxtimes			
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	\boxtimes			No detainees on segregation status have been denied recreation privileges.
Special programs or religious activities are available to detainees.				Community volunteer church ministry programs have been approved and occasionally visit the facility. Detainees may elect to attend their program of choice.
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.	\boxtimes			All volunteers are required to sign a waiver of liability before entering the facility.
Visitors, relatives or friends are not allowed to serve as volunteers.				Any individual with a relationship of any kind with a detainee is not permitted to serve as a volunteer.
☐ If outdoor recreation is offered, check this box. No furth	er infor	mation	is requ	ired when outdoor recreation is offered.
If the facility has no outside recreation, are detainees considered for transfer after six months? • If yes, written procedures ensure timely review of all eligible detainees.				
Case officers make written transfer recommendations about every six-month detainee to the OIC.				

RECREATION					
POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT					
POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.					
COMPONENTS	ACC	DEF	N/A	REMARKS	
The OIC documents all detainee-transfer decisions, whether yes					
or no.					
The detainee's written decision for or against an offered transfer					
documented in his/her A-file.					
Staff notifies the detainee's legal representative of his/her					
decision to accept/decline a transfer.					
If no recreation is available, the ICE Districts routinely review					
transfer eligibility for all detainees after 60 days.					
The A-file of every detainee who is held more than 60 days					
without access to recreation contains either a transfer-waiver					
signed by the detainee, or the OIC's written determination of the					
detainee's ineligibility for transfer.					
The detainee's legal representative is notified of the					
detainee's/OIC's decision.					
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:

The facility provides indoor and outdoor recreation to the detainee population on a daily basis. The unit log indicates detainees are given one hour of outdoor recreation. Indoor recreation is designed for passive activities in the form of table games, TV and mild exercise. The outdoor recreation area is suitable for large muscle exercise such as walking and jogging. There is no outdoor recreational equipment.

(b)(6), (b)(7)(c) / 05/03/2012 **AUDITOR'S SIGNATURE / DATE**

RELIGIOUS PRACTICES

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

BUDGETARY CONSIDERATIONS.							
COMPONENTS	ACC	DEF	N/A	REMARKS			
Detainees are allowed to engage in religious services.				Detainees are free to engage in individual prayer and worship in the housing unit. Small groups of detainees are allowed to sit together at a table to pray or worship.			
Space is available for detainees to conduct religious services.	\boxtimes			Community volunteers host faith-based groups in the facility's recreation space. Detainee attendance is voluntary.			
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	\boxtimes			Detainees are permitted to observe "holy days". If space, food, or special accommodations are needed, a request must be submitted in advance, and approval will be granted on a case by case basis. Per the jail administrator, approval is granted if the observance will not be disruptive or excessive in cost.			
 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions; Honoring fasting requirements; Facilitating religious services; and Allowing activity restrictions. 							
Each detainee is allowed religious items in his/her immediate possession.				Per the jail administrator, detainees may retain possession of non-metallic religious items. For security reasons, detainees are not permitted to retain possession of metallic pendants or valuables.			
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes						
Members of faiths not represented by clergy may conduct their own services within security allowances.	\boxtimes			Detainees interviewed stated they are permitted to worship alone or in a small group at a table in the housing unit.			
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.				Detainees in the special management unit are allowed to have religious print materials and to receive visits from an official representative of their religious faith.			
△ ACCEPTABLE □ DEFICIENT	REPEAT FINDING						

REMARKS:

Policy and established practice provide each detainee with an opportunity for self-directed worship. The facility does not have a formal religious program or chaplain. Religious reading materials are available in the detainee library. Community volunteers visit the population to promote Christian worship. No other faith group regularly visits the population. Per interviews with detainees, they feel free to engage in individual or small group worship in the day room of the housing unit. Detainees engage in ceremonial or worship practices involving special meals and/or fasting upon request to and approval by the jail administrator.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

DETAINEE TELEPHONE ACCESS						
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.						
COMPONENTS	ACC	DEF	N/A	REMARKS		
Detainees are allowed access to telephones during established facility waking hours.	\boxtimes					
Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			The telephone access policy is explained in the detainee handbook.		
Access rules are posted in housing units.	\boxtimes			Rules are outlined in the detainee handbook, which is posted electronically on a kiosk in each housing unit.		
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			Key information is provided to detainees in both English and Spanish.		
Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.						
Telephones are inspected regularly by facility staff to ensure that they are in good working order.				The maintenance supervisor and the administrative assistant are responsible for inspecting the phones in each unit weekly.		
The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	\boxtimes					
The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.				Detainees in the female housing unit told the inspector that their phone was not working. When advised of the concern, administrative staff took immediate action to have the phone repaired. A functioning replacement phone was installed the same day.		
Detainees are afforded a <i>reasonable degree of privacy</i> for legal phone calls.	\boxtimes			Upon request, detainees are permitted to make legal telephone calls in a private office. These calls are not monitored or recorded.		
A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes					
The facility provides the detainees with the ability to make non-collect (special access) calls.				A detainee may submit a request to make a special access confidential call. If approved, the detainee is escorted to a private office to make the call.		
Special Access calls are at no charge to the detainees.	X					

DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. ACC DEF N/A **COMPONENTS** REMARKS The Office of Inspector General (OIG) phone number is posted in the housing units and was tested by a detainee and the inspector each day of the review. The calls connected The OIG phone number for reporting abuse is programmed into \boxtimes П the detainee phone system and the phone number was checked with the OIG phone system, but each time, by the inspector during the review. the caller connected only with an answering machine and was unable to speak with an actual person. The facility provides free access to the OIG number. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes The facility fully meets the requirements of П X alternate arrangements to provide required access within 24 the previous component. hours of a request by a detainee. No restrictions are placed on detainees attempting to contact \boxtimes attorneys and legal service providers who are on the approved П "Free Legal Services List". Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another \boxtimes Facility. No detainees have been placed on telephone \boxtimes П Any telephone restrictions are documented. restrictions in the past twelve months. The facility has a system for taking and delivering emergency Emergency phone messages are confirmed. П \boxtimes detainee telephone messages. and then delivered to the detainee. Procedures are in place to ensure that Emergency phone call messages are immediately given to \boxtimes detainees given emergency messages as soon detainees. as possible. Detainees are allowed to return emergency phone calls as soon X П Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, \boxtimes including consultation calls. Detainees in disciplinary segregation are allowed phone calls to Detainees in disciplinary segregation are \boxtimes consular/embassy officials. allowed to make such calls when requested. Detainees in disciplinary segregation are allowed phone calls for X П family emergencies. Detainees in administrative detention and protective custody are \boxtimes \Box afforded the same telephone privileges as those in general П population. When detainee phone calls are monitored, notification is posted This component was rated as deficient during by detainee telephones that phone calls made by the detainees the last inspection due to the facility not may be monitored. Special Access calls are not monitored. having the monitoring notification posted by \boxtimes the detainee phones. During this review, monitoring notifications were posted by the phones in the housing units. AT-RISK **ACCEPTABLE** DEFICIENT REPEAT FINDING

REMARKS:

The standard was evaluated through a review of policy and logs, touring of the housing units, testing of telephones and telephone numbers and staff and detained interviews. The OIG telephone number for reporting abuse was tested each day and found to be operational. The inspector and/or the detained placing the calls, however, were not able to speak with an individual at the OIG.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

VISITATION

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

COMPONENTS	ACC	DEF	N/A	REMARKS
There is a written visitation schedule and hours for general visitation.				The visiting schedule is in the detainee handbook, which is available in each housing unit through use of the electronic kiosk system. The social visits are non-contact.
The visitation hours tailored to the detainee population and the demand for visitation.	\boxtimes			The social visiting hours are during the evening on weekdays and during the day on weekends and holidays.
The visitation schedule and rules are available to the public.	\boxtimes			
The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.				Written copies of the rules are available for visitors.
A general visitation log is maintained.	\boxtimes			The visitation log is maintained by the administrative assistant, who is responsible for visiting.
The detainees are permitted to retain personal property items specified in the standard.	\boxtimes			
A visitor dress code is available to the public.	\boxtimes			The visitor dress code is posted in the visiting area.
Visitors are searched and identified according to standard requirements.				Visitors must present proper identification. Since all visits are non-contact and visitors do not enter through the facility's secure perimeter, visitors are not searched.
The requirement on visitation by minors is complied with.	\boxtimes			
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors are allowed to visit.
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.				Minors are allowed to visit.
Detainees in special housing are afforded visitation.				This component was rated as deficient during the last inspection due to the facility not allowing the detainees housed in disciplinary segregation to have social visits. The facility still does not allow detainees in disciplinary segregation to have social visits. This is a repeat deficiency.
Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			Legal visits are allowed seven days a week at specified times.
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.				Detainees are allowed to have legal visits eight hours a day during the week and four hours on other days.
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			A private room is available for direct contact attorney visits.

VISITATION							
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.							
COMPONENTS	ACC	DEF	N/A	REMARKS			
There are written procedures governing detainee searches.				Social visits are non-contact, and detainees are not strip searched.			
When strip searches are required after every contact visit with a legal representative, the facility provides an option for noncontact visits with legal representatives.				Strip searches are not required after every contact visit with a legal representative.			
Prior to each visit, legal service providers and assistants are identified per the standard.				An attorney bar card and photo ID must be presented.			
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.				The current list of pro bono organizations is available in the detainee housing units.			
The decision to permit or deny a tour is not delegated below the level of Field Office Director.				There were no requests for tours during the past twelve months. Procedures are in place to refer all such requests to the Field Office Director for approval.			
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.							
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.				This component was rated as deficient during the last inspection due to policy not requiring that law enforcement officials requesting to visit with a detainee be referred to the ICE Field Office for approval. Facility procedures now require that such requests be referred to the ICE Field Office for approval.			
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.							
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.							
◯ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING			

REMARKS:

This standard was evaluated through a review of policy and the visitation log, and staff and detainee interviews. Social visits are non-contact.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

VOLUNTARY WORK PROGRAM

POLICY: IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS BASIC OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTECTIONS.

CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK AT THE IGSA FACILITY. MARK NA ON FORM G-324A, PAGE 3 AND MOVE TO NEXT SECTION. **COMPONENTS** REMARKS ACC DEF N/A Does the facility have a voluntary work program? П • Do ICE detainees participate? Detainee housekeeping meets neatness and cleanliness standards. Detainees have the opportunity to participate in special details, П however, are never allowed to work outside the secure perimeter. Written procedures govern selection of detainees for the Voluntary Work Program. Where possible, physically and mentally challenged detainees \Box participate in the program. The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day and Forty hours a week. Detainee volunteers generally work according to fixed schedule. If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before \Box П they join the work program. The voluntary work program meets: • OSHA, NFPA, ACA standards Medical staff screen and formally certify detainee food service volunteers. П Before the assignment begins; and As a matter of written procedure

REMARKS:

assignment.

the job.

The facility does not have a detainee voluntary work program. Neither ICE detainees nor non-ICE detainees are authorized to work in this facility.

DEFICIENT

AT-RISK

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

Detainees receive safety equipment/ training sufficient for the

Proper procedure is followed when an ICE detainee is injured on

ACCEPTABLE

REPEAT FINDING

SECTION II HEALTH SERVICES STANDARDS

HUNGER STRIKES

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

COMPONENTS	ACC	DEF	N/A	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.				Policy establishes procedures for medical staff to be notified when a detainee refuses food for 72 hours. In practice, medical staff are often notified when a detainee refuses three consecutive meals.
CDFs and IGSAs immediately report a hunger strike to the ICE.				Per the nurse, ICE would be notified of any detainee hunger strike. There have been no hunger strikes in this facility in the past twelve months.
The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Policy establishes procedures that include notification of and evaluation by medical staff, isolation of the hunger striker in an observation room, monitoring of his/her food consumption and fluid intake and ongoing monitoring by medical staff.
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. • If yes, in an observation room?				In accordance with policy, a hunger striking detainee would be placed in a single occupancy observation cell in the booking or medical area.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			Per policy, medical staff are authorized to place a hunger striker in one of the designated observation cells in the booking or medical area.
Medical staff records the weight and vital signs of a hunger- striking detainee at least once every 24 hours.	\boxtimes			A hunger striker's vital signs and weight are checked and documented when a detainee is first referred to medical staff and every 24 hours thereafter until the detainee begins eating and is released from the hunger strike protocol by the physician.
The OIC of the facility obtains a hunger striker's consent before medical treatment.				Each detainee signs a general consent for medical treatment during intake processing. An Authorization and Consent to Medical Examination and/or Treatment form is signed prior to completion of the 14-day health assessment.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	\boxtimes			Per policy, any detainee refusing medical evaluation or treatment must sign a Refusal of Medical Services and Release form, available in English and Spanish. The detainee refusing treatment must be counseled about the potential medical risks of such a refusal. The refusal and attempts to persuade the detainee to accept treatment would be documented in the medical record.
During a hunger strike, staff document and provide the hunger- striking detainee three meals a day.	\boxtimes			The provision and consumption or refusal of three meals each day by a hunger striker would be documented by officers on a Segregation Observation Log. Each meal tray would be given to the detainee even if he or she verbally refused the meal.

HUNGER STRIKES

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

SUSTAIN THEIR LIVES.	1		1	
COMPONENTS	ACC	DEF	N/A	REMARKS
Staff maintains the hunger striker's supply of drinking water/other beverages.				Staff would maintain a hunger striker's supply of drinking water and other beverages, and frequently offer these fluids.
During a hunger strike, staff removes all food items from the hunger striker's living area.				Hunger striking detainees are not permitted to maintain possession of stored food items.
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.				In accordance with policy, Hunger Strike Monitoring Form I-839 would be used to document a hunger striker's fluid intake and food consumption.
The medical staff has written procedures for treating hunger strikers.	\boxtimes			Policy and medical protocol establish procedures for initial and follow-up medical evaluations, monitoring of fluid and food intake, daily checks of the hunger striker's weight, vital signs, general medical condition and mental health status, and referral to the physician when clinically indicated.
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	\boxtimes			All treatment attempts and medical encounters with a hunger striker, including attempts to encourage the detainee to eat and counseling as to the medical risks, would be documented in the detainee's medical record.
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.	\boxtimes			All detention staff receive training on the identification of hunger strikes during their initial orientation. Refresher training is provided annually thereafter. The facility nurse reviewed the procedures for the evaluation and treatment of hunger strikers during her recent initial orientation and would again review the protocol in the event of a hunger strike.
ACCEPTABLE DEFICIENT		AT-R	RISK	REPEAT FINDING

REMARKS:

Written procedures for the identification and management of hunger strikes are in place. Training on the identification and medical evaluation and treatment of hunger strikers is provided. Per facility policy, and as confirmed by the nurse, ICE would be notified immediately of any hunger strike involving an ICE detainee.

Per the nurse and detention supervisors, there have been no detainee hunger strikes in this facility in the past twelve months. As there were no pertinent detainee medical records or security documentation available for review, the inspector was unable to confirm if the actual practices of this facility fully comply with this standard. The standard's rating was based on a review of established policy, protocol and available forms, on interviews with the licensed practical nurse, a shift sergeant and the training sergeant, on a review of staff training documentation and on an inspection of the designated observation cells.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL

WELL-BEING OF ICE DETAINEES.					
COMPONENTS	ACC	DEF	N/A	REMARKS	
<u>Facilities</u> operate a health care facility in compliance with state and local laws and guidelines.	\boxtimes			The licenses of the physicians and the nurse were verified as current. The facility does not have an on-site pharmacy requiring state licensure and does not conduct on-site testing requiring laboratory certification.	
The facility's in-processing procedures for arriving detainees include medical screening.				Officers complete a computerized intake medical screening during in-processing. The licensed practical nurse (LPN) prints off and reviews a copy of each completed screening form. If the detainee answers yes to any question indicating a potential medical or mental health concern, the officer completing the screening prints a copy of the form and places it on the nurse's desk. The detainee is then housed in an observation cell until seen and cleared by medical staff for placement in general population. If the nurse is not on duty and the officer identifies a potentially significant medical concern, including any reported current medications, the officer will contact the on-call physician. The officers have been trained by medical staff to complete the medical screening process.	

COMPONENTS	ACC	DEF	N/A	REMARKS
All detainees have access to and receive medical care.				Detainees have access to and receive medical care through intake screenings, scheduled appointments, sick call requests and direct requests to staff for more urgent concerns. Instructions for accessing medical care are provided verbally during the booking process and are included in the facility detainee handbook, available in English and Spanish. Staff interpreters or a phone-based translation service are used to communicate with non-English speaking detainees. A detainee interpreter would only be used with the consent of the detainee being seen by medical staff and only if the detainee interpreter is determined to be reliable and fluent in both languages. Medical outpatient services, initial emergency treatment and portable x-ray services are provided on site. Dental and specialty medical services are available offsite through the use of community providers. Emergency medical response and transport services (EMS) are provided through the county 911 system. Laboratory services and hospital-based emergency and inpatient care is provided by Cameron Regional Medical Center. Psychiatric care is available through Heartland Health. Needed medical care is timely provided either on site or through the use of community providers.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				The facility has access to an Immigration Health Service Corps (IHSC) managed care coordinator through the web-based MedPar treatment authorization request system, through e-mail and per phone call for more urgent concerns. Responses to submitted requests are usually received within one business day.

WELL-BEING OF ICE DETAINEES. COMPONENTS	ACC	DEF	N/A	REMARKS
The medical staff is large enough to provide, examine, and treat the facility's detainee population.				Medical services at this facility are provided through a contract with Correctional Healthcare Companies (CHC). On-site coverage is provided by (7) PN, who is on duty at least eight hours a day, five days a week. A second LPN is trained and available to provide coverage as needed. A physician provides on-site services one afternoon each week. A second physician provides on-call services whenever the first physician is not on site. Per a review of detainee medical records, Tuberculosis (TB) testing, responses to sick call requests and 14-day health assessments/physical examinations are provided timely. Detainees interviewed voiced no complaints about medical care.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	\boxtimes			The small medical unit includes an appropriately equipped office/examination room for the provision of outpatient detainee health care. As confirmed per direct observation, privacy is maintained during the provision of health care. Other detainees waiting to be seen are seated on benches where they are not within sight or sound of the examination area.
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 booking area and the secure perimeter. Access is limited to authorized staff and to detainees escorted to the unit for medical treatment.
The medical facility entrance includes a holding/waiting room.				Benches in the booking area serve as the waiting area for the medical unit.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.				Officers maintain supervision over all detainees escorted to the medical unit.
Detainees in the holding/waiting room have access to a drinking fountain.	\boxtimes			A supply of drinking water and cups are available in the booking area for detainees waiting to be seen by medical staff.
 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files. 				Medical records are stored in a locked drawer in the medical unit. Access is limited to medical staff. Copies of medical records are not made for placement in non-medical detainee files.

COMPONENTS	ACC	DEF	N/A	REMARKS
Pharmaceuticals are stored in a secure area.				All medications are stored in a locked medication cart. When not in use for medication administration rounds, the cart is stored in the locked medication room accessible only from within the medical office/examination room. Drug Enforcement Administration (DEA) Schedule II-V controlled substances are not used in this facility. Needles/syringes and medical tools are secured in a cabinet in the medication room, and perpetual inventories are maintained on these items. Only the LPN has access to these items. She confirms the accuracy of the inventory of frequently used needles/syringes through an actual count conducted at the end of each workday. The accuracy of the other perpetual inventory documentation is confirmed monthly. During the inspection, spot checks of the needles/syringes and medical tools confirmed the accuracy of the inventory documentation.
 Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test during the admission process; Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and Detainees not screened are housed separate from the general population. 				A TB skin test is administered to each newly admitted detainee within one business day unless that detainee arrives with documentation of recent testing or a history of a past positive test. In the event of a past positive, a chest x-ray is taken, unless recently completed, to confirm the absence of active TB disease. Per a review of 23 detainee medical records, 11 detainees arrived with documentation of recent TB testing. A TB skin test was administered to 11 of the other detainees within 24 hours of arrival. The remaining detainee had a past positive skin test and was timely screened with a chest x-ray to confirm the absence of active TB disease. Any detainee identified as potentially infectious would be housed in one of the two negative airflow/respiratory isolation rooms in the medical unit until confirmed to be non-infectious.

WELL-BEING OF ICE DETAINEES. COMPONENTS	ACC	DEF	N/A	REMARKS
All detainees receive a mental-health screening upon arrival. It is conducted: • By a health care provider or specially trained officer; and • Before a detainee's assignment to a housing unit.				Screening for mental health concerns is included in the initial screening conducted by officers during the booking process. The officers have been trained by medical staff to complete the screening process. The initial mental health screening is completed before a detainee's assignment to a housing unit. As confirmed per a review of 23 detainee medical records, intake mental health screenings are consistent timely completed on each detainee. The medical unit is notified if the intake screening identifies a potential mental health concern, and the detainee is housed in an observation cell until cleared by medical staff for general population housing.
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			Intake medical screening forms completed by officers are reviewed by the LPN on or before the next business day. If the arriving detainee indicates he or she is on prescription medications, or if any other potentially significant healthcare concern is identified during the screening process, the officer will notify the LPN or contact the on-call physician if the LPN is not on duty.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	\boxtimes			The physician completes health assessments/physical examinations on all newly admitted detainees remaining in the facility for 14 or more days. Of the 23 detainees whose records were reviewed, 15 had been in the facility for less than 14 days. The assessment/examination for each of the remaining eight detainees was timely completed.
Detainees in the Special Management Unit have access to health care services.				Detainees on special management status have equal access to medical care through the submission of sick call requests and through direct requests to staff for more urgent concerns. Requests can be submitted electronically per use of a kiosk system during the time the detainee is permitted outside of the cell. If a detainee desires to submit a request at any other time of the day, he/she can request, complete and submit a paper medical request form. Five days a week, the LPN also speaks with each detainee on segregation status and documents these encounters on detaineespecific Segregation Observation Logs.

COMPONENTS	ACC	DEF	N/A	REMARKS
Staff provides detainees with health services (sick call) request slips daily, upon request. • Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. • Service-request slips are delivered in a timely fashion to the health care provider.				Detainees have daily access to kiosks located in each of the housing units. The kiosk allows a detainee to electronically submit an English-language health services request directly to medical staff. The LPN monitors and responds to these requests throughout the day when she is on duty. Paper sick call request slips with instructions in English and Spanish are available as needed for non-English speaking detainees and for detainees otherwise unable to use the kiosk to submit a medical request. Completed written requests are picked up by detention officers and promptly delivered to medical unit mail box where they are collected by the LPN. All requests are triaged. Any detainee with an urgent request is promptly escorted to the medical unit for evaluation. Those with routine requests are seen on the next business day. If referral to the physician is indicated, the detainee is scheduled for the next clinic day.
The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.				Policy establishes a written plan for the delivery of 24-hour emergency health care when no medical staff are on duty or when immediate outside medical attention is required. Procedures include the provision of emergency first aid, including cardiopulmonary resuscitation (CPR) by onduty medical and/or security staff. First aid kits are available in the booking area, the control room and the kitchen. An automated external defibrillator (AED) is stored in the booking area where it is available for use by detention and medical staff as needed. The on-call physician is contacted and, if indicated, a 911 call is placed to summon an EMS provider. The detainee may be transported, per EMS squad or facility vehicle as clinically indicated, to a community hospital emergency room.
The plan includes an on-call provider.	\boxtimes			A physician is on call for medical emergencies.
The plan includes a list of telephone numbers for local ambulance and hospital services.	\boxtimes			Emergency contact numbers, including those for the physician and the hospital, are listed in the medical emergency policy. An EMS provider is summoned per a 911 call.

COMPONENTS	ACC	DEF	N/A	REMARKS
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Policy and post orders establish procedures for the coordination of medical and security responses to a medical emergency, including transport to a local hospital, consistent with security and safety. (b)(7)e officers escort any detainee transported outside the facility.
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				All detention staff are trained in first aid and on the need to respond to a health-related emergency within four minutes. All staff are also CPR/AED certified. Refresher training and CPR/AED recertification are completed every other year.
Where staff is used to distribute medication, a health care provider properly trains these officers.	\boxtimes			Officers in this facility distribute medication when the LPN is not on duty. These officers were trained on this procedure by medical staff. Specific directions for distributing medication are also included in the Medical Officer post order.
The medical unit keeps written records of medication that is distributed.	\boxtimes			The administration of all prescribed medication is documented on detainee-specific medication administration records (MARs). When completed, MARs are filed in the applicable detainee's medical record. The administration of a limited number of non-prescription medications approved for distribution on an as needed basis is documented on a Daily PRN Medication Log.
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				An internal electronic communication system is used to provide notification of detainee special medical needs. This communication is supplemented by verbal reports.
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				Each detainee signs a general consent for medical treatment during the medical intake screening process. An Authorization and Consent to Medical Examination and/or Treatment form is signed and dated prior to completion of the 14-day health assessment and the provision of medical treatment. A procedure-specific consent is signed if a medically invasive procedure is needed or when planned treatment poses potential risks as well as benefits for the detainee.
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			An Authorization for Release of Offender Medical Health Information form, or a similar document provided by an attorney or outside medical provider, is signed by a detainee to authorize the release of confidential medical records to outside sources.

ACCESS TO MEDICAL CARE						
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL						
WELL-BEING OF ICE DETAINEES.						
COMPONENTS	ACC	DEF	N/A	REMARKS		
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				Per the LPN, notification is usually provided the afternoon before a detainee's removal from the facility.		
Detainee's medical records or a copy thereof, are available and transferred with the detainee.				A medical transfer summary is prepared for transfer with the detainee. A copy of the full medical record is provided for a detainee transferring to another detention facility.		
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			Medical records prepared for transport with a detainee are placed in a sealed and appropriately labeled envelope.		
☐ ACCEPTABLE ☐ DEFICIENT] AT-R	ISK	REPEAT FINDING		

REMARKS:

The medical unit in this facility includes an office/examination room, a medication room and two observation cells. The entire medical unit is designed to function as a negative airflow/respiratory isolation unit. The facility provides out-patient and emergency medical services, but does not have in inpatient infirmary. A licensed practical nurse is on duty for at least eight hours five days a week. Officers are trained by a nurse to recognize significant medical concerns, to take a detainee's vital signs, to provide first aid and to consult with the physician when a medical concern is identified and/or a detainee arrives with prescribed medications and the nurse is not on duty. Officers are also trained to distribute medications, to provide emergency medical care and to summon EMS responders when indicated. All needed health care not available on site is provided through the use of community healthcare providers and services. Routine and urgent medical care is timely provided.

Although the facility has a medical fee for service program, ICE detainees are not charged for medical care. Documentation observed in the medical unit confirmed the exemption of ICE detainees from these charges.

The standard's rating was based on a review of established policies, procedures and protocols and on a review of 23 detainee medical records, other medical documentation, staff training documentation, completed Segregation Observation Logs and the facility detainee handbook. The rating was also based on observations in the medical unit, detainee housing units, and the booking area, and during health care encounters and medication administration rounds. During the in-processing of an ICE detainee, completion of the medical intake screen and administration of a TB skin test were also observed. Interviews were conducted with the jail administrator, the administrative assistant, the training sergeant, other detention supervisors and officers, the LPN, the physician, the Supervisory Immigration Enforcement Agent (SIEA) and detainees. No significant unresolved medical concerns were identified through medical record reviews, detainee grievance reviews and detainee interviews. Per the SIEA, ICE receives few if any complaints about medical care from detainees housed in this facility.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

SUICIDE PREVENTION AND INTERVENTION

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	\boxtimes			All staff receive training in suicide prevention and intervention during their initial orientation training and annually thereafter.
Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	\boxtimes			The suicide prevention training, presented by a mental health professional, addresses the recognition of suicide risk, the referral of potentially suicidal detainees to health care staff and suicide prevention techniques.
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. • Screening does not occur later than one working day after the detainee's arrival.	\boxtimes			Screening for suicide potential is included in the initial screening conducted by officers during the booking process. The officers have been trained by medical staff on the suicide potential screening procedure. As confirmed per a review of 23 detainee medical records, screening for suicide risk is consistent timely completed on each detainee. Medical staff are notified if the intake screening identifies a potential risk for suicide, and the detainee is placed on a 15-minute watch pending evaluation by medical staff.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	\boxtimes			Policy requires the referral to medical staff of any detainee identified as potentially suicidal. Per discussions with medical and detention staff, such referrals are made. As no ICE detainees have been identified as being at risk for suicide in the past twelve months, however, medical records documentation to confirm that established procedures are followed was not available for review.
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			Cell #S-1 in the booking area has been designated for the evaluation and treatment of detainees at risk for suicide.
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.		\boxtimes		A short wall shielding the toilet in the designated cell has the potential to be used to support the end of a noose in a suicide attempt by hanging. Any detainee identified as at risk for suicide, however, is given only a tear-resistant gown with Velcro shoulder seams and a tear-resistant blanket, and is not permitted to retain possession of clothing or bedding from which strips of cloth could be torn. A large one-way glass window in the wall between this room and the control room allows officers working in Control to maintain visual contact with a detainee placed on suicide watch.

SUICIDE PREVENTION AND INTERVENTION POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT. **COMPONENTS** ACC DEF N/A REMARKS Medical staff has approved the room for this purpose. Per the administrative assistant, medical staff approved use of the designated cell for \bowtie П detainees on suicide watch when the facility was first constructed. Staff observes and documents the status of a suicide-watch Per a review of suicide watch documentation completed by detention staff, the status of a detainee at least once every 15 minutes. detainee on suicide watch is consistently checked by an officer at least once every 15 X minutes and documented on a Segregation Observation Log. These cell-front status checks are supplemented by observations made by officers working in the control room.

REMARKS:

ACCEPTABLE

Policies establish a written suicide prevention and intervention plan. Training on suicide prevention and intervention presented by a mental health professional is provided to all staff. There have been no suicides or suicide attempts in this facility in the past twelve months. Per the facility nurse, no ICE detainees have been identified as at risk for suicide.

AT-RISK

DEFICIENT

A short wall shielding the toilet in the designated suicide watch cell has the potential to be used to support the end of a noose in a suicide attempt by hanging. Detainees placed on suicide watch, however, are not permitted to maintain possession of items from which a noose could be made.

As no ICE detainee medical records with documentation of an identified suicide risk were available for review, the inspector was unable to confirm if the actual practices of this facility otherwise fully comply with this standard. The standard's rating was based on a review of established policies, the suicide prevention training lesson plan, staff training sign-in sheets and Segregation Observation Logs previously completed by detention officers for detainees on suicide watch status. The jail administrator, the administrative assistant, the training sergeant, other detention supervisors and officers, and the facility nurse were interviewed. The designated suicide watch cell was inspected, and observations made from within the control room confirmed that officers can directly observe most areas within the suicide watch cell.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

REPEAT FINDING

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.				Because the facility has limited medical resources, it does not accept severely or terminally ill detainees. ICE is promptly notified of any detainee already housed in the facility whose medical condition significantly deteriorates. Any detainee whose medical needs exceed the level of service available within the facility is transported to a community hospital for treatment as needed
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: • The detainee's location; and • The limitations placed on visiting.	\boxtimes			ICE is notified of any significant detainee medical concerns. ICE would make other required notifications.
There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.				Policy establishes procedures for the establishment and implementation of advanced directives and includes a copy of the Missouri Advance Directive: Planning for Important Healthcare Decisions information packet and advanced directives forms. In the past 12 months, no ICE detainees have requested information on advanced directives or copies of the advanced directive information packet.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.				Procedures established in policy allow detainees the opportunity to have a private attorney prepare the advanced directive documents.
There is a policy addressing "Do Not Resuscitate Orders"				Facility policy on Do Not Resuscitate (DNR) orders references the Immigration Health Service Corps (IHSC) standards. Implementation of any DNR order requires that the detainee be diagnosed with a terminal illness or fatal injury and that the order be consistent with sound medical practice. The detainee must request the order if physically able and competent to do so. A mental health competency evaluation is required if the detainee did not initiate the DNR order.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				Facility policy requires the provision of maximal therapeutic efforts short of resuscitation when a DNR order is in place.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				Policy requires notification of the IHSC Medical Director and ICE Legal Counsel for any detainee with a DNR order. In the past 12 months, no detainees in this facility have had a DNR order.
The facility has written procedures to address the issues of organ donation by detainees.				Policy establishes procedures addressing organ donation by detainees. The recipient must be a member of the detainee's immediate family and the cost of the procedure and any related expenses must be covered by the detainee. The detainee must submit a written request to make a donation and to affirm that he/she is aware of and accepts the risks associated with organ donation and the related financial responsibility. In the past 12 months, no ICE detainees have submitted a request to make an organ donation.
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	\boxtimes			Policy establishes procedures to notify ICE in the event of a detainee death. ICE would make other notifications in accordance with the requirements of the standard.
The facility has a policy and procedure to address the death of a detainee while in transport.				Policy establishes procedures addressing the death of a detainee while in transport and requires immediate notification of the originating or receiving office. The notification must include the date, time and location, the detainee's name and Anumber and the apparent cause of death. ICE is responsible for arranging for the local coroner and the Federal Bureau of Investigation (FBI) to meet the transport vehicle. If the death was the result of violence or occurred under unusual circumstances, local law enforcement must also be notified. The coroner, from the state in which the death occurred, is responsible for removal of the body. The transport officers are to obtain a coroner's receipt in exchange for the body of the deceased.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			ICE would ensure disposal of a detainee's remains in accordance with the requirements of this standard.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

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

COMPONENTS	ACC	DEF	N/A	REMARKS	
In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. • If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?	\boxtimes			ICE would arrange for the burial of an unclaimed detainee's remains in accordance with the requirements of this standard.	
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	\boxtimes			ICE would place an original or certified copy of the death certificate in the detainee's A-file in accordance with the requirements of this standard.	
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.	\boxtimes			Policy establishes procedures for notification of the local coroner in the event of a detainee death. The coroner is responsible for transport of the body and the provision of a death certificate. The Sheriff's Office would request an autopsy for any death occurring in the facility.	
ICE staff follows established procedures to properly close the case of a deceased detainee.	\boxtimes			ICE would close the case of a deceased detainee in accordance with the requirements of this standard.	
	ENT AT-RISK REPEAT FINDING				

REMARKS:

The facility does not accept detainees who are severely or terminally ill due to its limited medical resources. Detainees whose medical needs exceed the level of care available within the facility are transported to a community hospital.

There have been no deaths in this facility in the past twelve months. A review of facility policies and interviews with the Supervisory Immigration Enforcement Agent (SIEA), the jail administrator, the administrative assistant, detention supervisors and the nurse confirmed that procedures for appropriately responding to the death of an ICE detainee in the facility or while in transport are in place. Policy specifies that ICE is responsible for all required follow up notifications and actions in the event of a detainee death. The SIEA confirmed that ICE would handle notifications, disposition of the body of the deceased and the closing of the A-file in accordance with the requirements of this standard.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

SECURITY AND CONTROL STANDARDS

CONTRABAND						
POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.						
COMPONENTS	ACC	DEF	N/A	REMARKS		
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	\boxtimes			Policy includes written procedures addressing all aspects of handling contraband.		
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes			Contraband is retained until the disciplinary or criminal prosecution process has ended.		
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes			Policy indicates evidence is returned to the proper authority once it is no longer needed.		
Altered property is destroyed following documentation and using established procedures.	\boxtimes			Policy defines procedures for destroying altered property and documenting the final disposition.		
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.		\boxtimes		The facility will confiscate religious items they consider contraband, and then contact a religious authority prior to destroying the contraband.		
Staff follows written procedures when destroying hard contraband that is illegal.				Written procedures detail the destruction of contraband, which requires two staff members to be present when disposing of contraband. Documentation is retained for two years.		
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.	\boxtimes			Policy establishes procedures for the retention of hard contraband for training purposes. No hard contraband has been retained in the past twelve months.		
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING						

REMARKS:

Facility policy addresses the handling of contraband. Confiscation of contraband is logged in both a contraband log and in a computerized detainee management system. The contraband log reflects only seven entries for contraband to date in 2012. Disposition is logged on a separate form and witnessed b (b)(7)estaff members.

The facility has confiscated mostly nuisance contraband, which is secured in a property room within the booking area until disposition. Should a weapon be discovered, the facility would contact the Caldwell County Sheriff's Office, and that office would take possession of the contraband. Other hard contraband is secured in the administrative office until it is no longer needed, and then disposed of in accordance with written procedures.

Policy review, documentation of the procedures and interviews with staff were used to determine compliance.

(b)(6), (b)(7)(c) $\sqrt{05/03/2012}$

AUDITOR'S SIGNATURE / DATE

DETENTION FILES

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

INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.				
COMPONENTS	ACC	DEF	N/A	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.				
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			The detention file contains copies of forms and documents generated during the admission process and the remainder of the detainee's stay at the facility.
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	\boxtimes			A random review of 12 detention files revealed that the forms generated during the detainee's stay are maintained in the file.
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	\boxtimes			The detention files are maintained in a lockable cabinet in the booking area that is not accessible to detainees. Access to keys to the filing cabinet is limited to supervisors.
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.	\boxtimes			
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	\boxtimes			The closure notification is stamped on the detention file before the file is archived.
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	\boxtimes			Procedures are in place to make copies and send documents to a receiving facility when requested. In the past twelve months, only medical information has been requested by a receiving facility.
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			Policy restricts access to detention files to approved staff. Detention files are not removed from the booking area.
△ ACCEPTABLE □ DEFICIENT		AT-R	ISK	REPEAT FINDING

REMARKS:

Interviews with staff and a review of policy and 12 detention files were used to evaluate this standard. Files are stored securely, and a file is created for every detainee admitted to the facility. All appropriate documentation was in place.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

DISCIPLINARY POLICY

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

COMPLIANCE WITH FACILITY ROLES AND REGULATIONS.	100	Den	NT/A	Drugg Dyra
COMPONENTS The facility has a printer disciplinate contemporary and a second contemporary and a	ACC	DEF	N/A	REMARKS
The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			
The facility rules state that disciplinary action shall not be				
capricious or retaliatory.	\boxtimes			
Written rules prohibit staff from imposing or permitting the				
following sanctions:				
corporal punishment				
deviations from normal food service				
 clothing deprivation 	\boxtimes			The disciplinary policy addresses all of the
bedding deprivation				prohibitions listed in this component.
 denial of personal hygiene items 				
 loss of correspondence privileges 				
 deprivation of physical exercise 				
The rules of conduct, sanctions, and procedures for violations				This component was rated as deficient during
are defined in writing and communicated to all detainees				the last inspection due to disciplinary
verbally and in writing.				procedures for violations not being provided
		\boxtimes		verbally or in writing. The rules of conduct
				and possible sanctions are included in the detainee handbook, but disciplinary
				procedures still are not. This is a repeat
				deficiency.
The following items are conspicuously posted in Spanish and				
English, and other dominate languages used in the facility:				All of the items listed in this component are
 Rights and Responsibilities 	\boxtimes			included in the detainee handbook. The
 Prohibited Acts 			Ш	handbook is electronically posted in English
 Disciplinary Severity Scale 				and Spanish on a kiosk in each housing unit.
• Sanctions				
When minor rule violations or prohibited acts occur, informal				The facility authorizes and encourages the
resolutions are encouraged.	\boxtimes			use of informal resolutions for handling minor rule infractions.
Incident reports and Notice of Charges are promptly forwarded				Reports of incidents and conduct violations
to the designated supervisor.	\boxtimes			are submitted to the shift supervisor by the end of each shift.
				che of each shift.
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not	\boxtimes			
convene before an investigation ends.		Ш	Ш	
An intermediate disciplinary process is used to adjudicate minor				The facility encourages the use of informal
infractions.				resolution to handle minor rule infractions. A
	\boxtimes		Ш	unit disciplinary committee adjudicates minor
				to moderate disciplinary infractions.
A disciplinary panel (or equivalent in IGSAs) adjudicates				
infractions. The panel:				An institutional disciplinary panel conducts
Conducts hearings on all charges and allegations				hearings and considers all reports, statements,
referred by the UDC;				physical evidence and oral testimony by
Considers written reports, statements, physical ordered and analytectiments;	\boxtimes			detainees and their staff representatives. The
evidence, and oral testimony;Hears pleadings by detainees and staff representatives;				panel bases its findings on a preponderance
 Bases its findings on the preponderance of evidence; 				of evidence and imposes only those sanctions
and				authorized in the disciplinary policy.
Imposes only authorized sanctions				
imposes only addictized suitetions				

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

COMPONENTS	ACC	DEF	N/A	REMARKS
A staff representative is available if requested for a detainee facing a disciplinary hearing.	\boxtimes			Detainees are permitted to have staff assistance in preparing for, and participating in, a disciplinary hearing. When assistance is requested, the jail administrator appoints a staff member to assist the detainee.
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes			Continuances are permitted for issues such as defense preparation, physical or mental illness, security concerns and temporary absences from the facility. Continuances are documented.
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.				
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"		\boxtimes		This component was rated as deficient during the last inspection due to the facility not having criteria for recognizing "substantial evidence". The facility has procedures for handling confidential information, but still has no criteria for recognizing "substantial evidence". This component is a repeat deficiency.
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.				
☐ ACCEPTABLE ☐ DEFICIENT		AT-R	IISK	REPEAT FINDING

REMARKS:

Facility policy addresses most aspects of this standard. A unit disciplinary committee adjudicates lower level infractions and the institutional disciplinary panel (IDP) conducts hearings on more serious matters. The IDP consists of the jail administrator and two other employees who had no involvement in the involved incident. The facility also authorizes and encourages staff to resolve minor rule infractions informally. The detainees receive adequate notification of the rules and possible sanctions for violating those rules; however, they do not receive adequate information regarding disciplinary procedures.

Interviews with staff and detainees and documentation review were used to determine standard compliance.

(b)(6), (b)(7)(c) 05/03/2012

AUDITOR'S SIGNATURE / DATE

EMERGENCY (CONTINGENCY) PLANS

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	\boxtimes			This component was found deficient during the last review due to policy not specifically prohibiting detainees or detainee groups from exercising control or authority over other detainees. Policy now specifically prohibits detainees or detainee groups from exercising control or authority over other detainees.
Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	\boxtimes			
Staff is trained to identify signs of detainee unrest. • What type of training and how often?	\boxtimes			Staff are trained to identify signs of detainee unrest during the 40-hour basic detention training provided upon initial hire.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	\boxtimes			The facility's small size and physical layout allow frequent interaction between officers, supervisory staff, other facility staff and the jail administrator. Information on any observed concern is shared with the jail administrator.
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 jail administrator is responsible for emergency plan development, maintenance and implementation. He indicated he has sufficient time to develop and implement the plans.
The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions	\boxtimes			A confidentiality statement is included in the plans. Copies of the plans are placed in Emergency Plan binders which are stored in the control room, the jail administrator's office, the administrative assistant's office and the sheriff's office. Revisions are placed into the binders as addendums and permanently incorporated into the plans during the next annual review. The plans were last reviewed and approved on 11/03/2011.
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	\boxtimes			

POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.						
COMPONENTS	ACC	DEF	N/A	REMARKS		
The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies				The facility has signed Memorandums of Understanding (MOUs) with the Cameron City Police Department, the Ray County Correctional Facility, the Clinton County Sheriff and the Missouri Highway Patrol. An MOU with the Hamilton City Police Department is pending signatures. The Caldwell County Sheriff's Office, under which this facility operates, also has MOUs with additional local law enforcement agencies.		
All staff receives copies of Hostage Situation Management policy and procedures.				Staff do not receive copies of the facility hostage situation policy.		
(b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	\boxtimes			(b)(7)e Written policy provides that medical and psychological screening occurs within 24 hours after the release of staff who are held hostage.		
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				Emergency plans provide for medical treatment of staff and detainees during and after an incident.		
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.	\boxtimes			Food service has a 14-day supply of food.		
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).	\boxtimes			Emergency plans include locations and instructions for disabling utility services.		
Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				Emergency plans address all of the potential incidents listed in this component.		
		AT-R	ISK	REPEAT FINDING		

EMERGENCY (CONTINGENCY) PLANS

REMARKS:

The facility has written emergency plans and maintains four copies which are stored in the control room, the jail administrator's office, the administrative assistant's office and the sheriff's office. They are accessible to staff for use in responding to a multitude of emergency situations. The jail administrator retains overall responsibility for developing, revising and implementing emergency plans. Annual meetings are conducted with outside agencies in order to refine the plans and incorporate changes. In addition to assistance provided by the Caldwell County Sheriff's Office, MOUs with several local police departments are in effect. New employees receive training on the identification of signs of detainee unrest. Staff freely communicates with the shift supervisor regarding activities within the facility.

Observation of operations, a review of emergency plans and interviews with the shift supervisor, the administrative assistant and the jail administrator were used to determine overall compliance with the standard.

(b)(6), (b)(7)(c) 05/03/2012 AUDITOR'S SIGNATURE / DATE

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				Chemicals are stored on shelves in a locked hallway accessible only to staff. Staff removing chemicals document the removal on an inventory record.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	\boxtimes			Per established procedure, chemicals are stored and inventoried in a central location.
 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			Material Safety Data Sheets (MSDS) are located in the area adjacent to chemical storage.
 All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: Wear personal protective equipment; and Report hazards and spills to the designated official. 	\boxtimes			
The MSDSs are readily accessible to staff and detainees in work areas.	\boxtimes			A binder with relevant MSDS information is located in each area where chemicals are use or storage.
 Hazardous materials are always issued under proper supervision. Quantities are limited; and Staff always supervises detainees using these substances. 	\boxtimes			Hazardous materials are never issued to detainees. All tasks requiring the use of hazardous materials are performed by staff. Detainees are permitted to clean and mop their cells, with a diluted mixture of a nontoxic cleaning agent and water, under staff supervision.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			All flammable and combustible materials are stored outside of the facility and used according manufacturer's directions and OSHA regulations.
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.			\boxtimes	The storage area is outside of the facility's secure perimeter.
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	\boxtimes			The heating, ventilation and air conditioning (HVAC) system is adequate for proper circulation of fresh air throughout the facility.
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.		\boxtimes		In repeated visits to the detainee housing unit, the majority of the vents in the cells were found to be plugged with tissue paper or covered with a cloth to prevent cool air from blowing on the detainees residing in the cells. Per discussions with staff, officers repeatedly order the detainees to remove the blockages, but they are reapplied by the detainees each night.
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	\boxtimes			During the inspection, the temperature in the housing units averaged 73 to 74 degrees.

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	\boxtimes			
All toxic and caustic materials are stored in their original containers in a secure area.	\boxtimes			
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				No products containing methyl alcohol are used in this facility.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.				Detainees are not permitted to use flammable, toxic or caustic materials. A review of staff training records confirmed staff have been trained in the use, storage and disposal of these materials.
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).				
A technically qualified officer conducts the fire and safety inspections.	\boxtimes			
The Safety Office (or officer) maintains files of inspection reports.	\boxtimes			The administrative assistant maintains all records of inspections and reports provided by fire officials.
The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The fire prevention plan and evacuation routes have been approved by the local fire marshal.
 The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area. 	\boxtimes			The approved fire safety plan includes each of the items listed in this component.
Fire drills are conducted and documented monthly.	\boxtimes			
A sanitation program covers barbering operations.	\boxtimes			
The barber shop has the facilities and equipment necessary to meet sanitation requirements.		\boxtimes		This component was found deficient in the last inspection due to the facility not having a barber shop. The facility still does not have a designated barber shop. All barbering is done in the housing units. This is a repeat deficiency.

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The sanitation standards are conspicuously posted in the barbershop.		\boxtimes		This component was found deficient in the last inspection due to the facility not having a barber shop. The facility still has no barber shop, and sanitation standards are not posted in the housing units where barbering is done. This is a repeat deficiency.
Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.				
Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.	\boxtimes			Detainees are given a broom, a mop, a bucket and a solution of water and a non-toxic cleaner to clean within the housing units. The cleanliness of the units is monitored by staff.
The facility follows standard cleaning procedures.				
Spill kits are readily available.				
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility has a service contract with Stericycle for the removal of biohazard waste.
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.				A review of training records confirmed that all staff are trained in the prevention of blood and body fluid contact.
Do the methods for handling/disposing of refuse meet all regulatory requirements?				
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. • At least monthly. • The pest-control program includes preventative spraying for indigenous insects.				The facility has a contract with a pest control company to provide the services listed in this component.
Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			According to documentation on file, the drinking water supply is tested by the county at least once every 30 days.
 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 power generators are tested in accordance with the required timeframes. The facility documents any needed repairs and keeps an open file on the problem until the repair is completed.
△ ACCEPTABLE ☐ DEFICIENT		AT-R	JSK	REPEAT FINDING

REMARKS:

Policies/procedures are in place to monitor/maintain a safe environment for detainees and staff. The housing units were clean. The cell walls, however, were covered with graffiti, and many of the HVAC vents in the cells were covered with tissue paper or cloth which prevented air flow. There were also paper airplanes lodged above a metal grate under the skylight in the ceiling of the housing unit. Per the facility, an attempt to remove these items would be cost-prohibitive as special equipment would be needed to reach the grating. There was no sign of pest infestation, and a preventative services contract with a pest control company is in place. The water supply,

sewage, fire plan, and evacuation procedures are inspected at the required times by governmental agencies or a contract provider.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

HOLD ROOMS IN DETENTION FACILITIES

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The hold rooms are situated within the secure perimeter.				Hold rooms are located in the booking area within the secure perimeter.
The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.	\boxtimes			Hold rooms have adequate lighting and ventilation. Control switches located outside of the room.
The hold rooms contain sufficient seating for the number of detainees held.				Hold rooms can comfortably seat four detainees.
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.				The hold rooms have metal bed frames with mattresses. Per the jail administrator, these beds are used as benches. Detainees, however, were observed sleeping on these beds several times during the inspection. The detainees also had blankets.
The walls and ceilings of the hold rooms are tamper and escape proof.				Walls and ceilings are of solid construction.
Individuals are not held in hold rooms for more than 12 hours.				This component was found deficient during the last inspection due to detainees sometimes being held in a hold room for more than 12 hours. Policy now specifies that no ICE detainees are to be kept in a hold room for more than 4 hours.
Male and females are segregated from each other.				Sufficient hold rooms are available for staff to segregate male and female detainees.
Detainees under the age of 18 are not held with adult detainees.			\boxtimes	The facility does not accept ICE detainees under the age of 18.
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.				This facility was constructed in 2004. Detainees have independent access to toilets in each of the hold rooms.
All detainees are given a pat down search for weapons or contraband before being placed in the room.				
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.). • Hold rooms are irregularly monitored every 15 minutes. • Unusual behavior or complaints are noted.	\boxtimes			This component was found deficient during the last inspection due to the hold rooms being monitored only every 30 minutes. Hold rooms are now monitored every 15 minutes. The detainee status checks are documented on a Segregation Observation Log attached to the door of each holding cell.
When the last detainee has been removed from the hold room, it is given a thorough inspection.				
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	\boxtimes			The written evacuation plan designates the shift supervisor as the person responsible for coordinating evacuation of the hold rooms.
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.				Caldwell County Ambulance, located in Kingston, Missouri, provides emergency medical services. A 911 call is used to access these services. Detainees needing outside emergency treatment are transported to the Cameron Regional Medical Center.

HOLD ROOMS IN DETENTION FACILITIES POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY. COMPONENTS ACC DEF N/A REMARKS ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING

REMARKS:

The facility has three hold rooms and one observation room in the booking area. The hold rooms available are sufficient to allow separation of detainees by gender, age and status. Each hold room contains a bed frame/bench, a mattress with pillow and a toilet. Detainees are provided with basic hygiene items and water. Detention and/or nursing staff monitor and document a detainee's status at the required 15 minute intervals.

Observation of hold room practices, interviews with staff and a review of policy and documentation were used to determine overall standard compliance.

(h	1/6) (h)	(7)	1/1	١ ١	05.
(D	\mathcal{M}	/, \	\cup	\ <i>'</i> .	$N \cup N$,	<i>(</i> U.)

05/03/2012

AUDITOR'S SIGNATURE / DATE

(SECURITY, ACCOUNTABILITY AND MAINTENANCE)							
POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.							
COMPONENTS	ACC	DEF	N/A	REMARKS			
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.	\boxtimes			At the time of the inspection, the new maintenance supervisor had only been employed at the facility for two weeks and had not yet attended an approved locksmith training program. The former maintenance supervisor has attended training and is certified by Southern Steel Lock Company. He remains on staff and provides locksmith work as needed pending the completion of training by the new supervisor.			
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			The maintenance supervisor is assigned this responsibility.			
The security officer, or equivalent in IGSAs, provides training to employees in key control.				The shift supervisors are responsible for providing staff key control training annually.			
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.				The maintenance supervisor prepares inventories, and the shift supervisor ensures accountability is confirmed on each shift.			
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				The maintenance supervisor indicates he will use the lock manufacturer's instructions regarding preventive maintenance.			

KEY AND LOCK CONTROL

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Facility policies and procedures address the issue of				
compromised keys and locks.				
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.				There are no safes with combination locks within the facility.
Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	\boxtimes			
Grand master keying systems are prohibited.	\boxtimes			
All worn or discarded keys and locks are cut up and properly disposed of.	\boxtimes			There were no broken keys or locks in the maintenance area. All broken keys are appropriately discarded.
Padlocks and/or chains are prohibited from use on cell doors.	\boxtimes			
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101.	\boxtimes			The largest housing section has a maximum capacity of 48. All entrance/exit doors to the detainee housing units are in compliance with the Occupational Safety and Environmental Health Manual, Chapter 3, and the National Fire Protection Association Life Safety Code 101.
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	\boxtimes			The control center has two operational key boards. One of the keyboards holds vehicle keys and the other holds facility keys.
 Procedures are in place to ensure that key rings are: Identifiable; The numbers of keys are cited; and Keys cannot be removed. 	\boxtimes			All key rings are soldered and have a metal tag on the ring where the maintenance supervisor has engraved the key set number and the number of keys in the set.
Emergency keys are available for all areas of the facility.	\boxtimes			Emergency keys are stored in a secure cabinet in the control center. The shift supervisor has the cabinet key. A second key is maintained at the Sheriff's Office approximately two blocks away.
The facilities use a key accountability system.	\boxtimes			The facility uses a chit system wherein a chit is exchanged for each key or key ring issued.
Authorization is necessary to issue any restricted key.	\boxtimes			
 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 				
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			The facility has a written key accountability policy. Keys are inventoried each shift. The results are documented on the chronological shift log maintained in the control center.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	ACC	DEF	N/A	REMARKS
 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	\boxtimes			Keys must be returned immediately if they are removed from the facility, and unaccounted for keys must be reported immediately. Detainees are prohibited from handling facility keys. Key control training is included in the basic detention training provided to all new staff. Refresher training is provided annually.
		AT-R	IISK	REPEAT FINDING

REMARKS:

Interviews with staff, a review of policy and observation of practices were used to determine compliance. The maintenance supervisor is responsible for key and lock inventory, maintenance, repair and disposal, while the shift supervisors are responsible for daily inventory, control and annual training. Keys are properly stored and issued.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

POPULATION COUNTS					
POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY					
CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS					
CONDUCTED AS NECESSARY.	100	Den	NT/A	Douglovia	
COMPONENTS	ACC	DEF	N/A	REMARKS	
Staff conduct a formal count at least once each shift.	\boxtimes			The facility operates with two 12-hour shifts and has two formal counts on each shift.	
Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			All detainees, except those on authorized trips, are confined to their cells as count is conducted.	
Certain operations cease during formal counts.	\boxtimes			Detainees are not involved in operations that continue through count.	
All movement ceases for the duration of a formal count.	\boxtimes			Detainees are directed to return to their cells during count. The detainee handbook advises detainees that no movement or talking is permitted during count.	
Formal counts in all units take place simultaneously.	\boxtimes			(b)(7) officers go from housing unit to housing unit, clearing each unit count as they go. Movement in and out of the units and the facility is restricted until the entire count is completed.	
Detainee participation in counts is prohibited.	\boxtimes			Detainees do not participate in the counts.	

 \boxtimes

 \boxtimes

 \boxtimes

 \boxtimes

DEFICIENT

П

AT-RISK

REMARKS:

him/her as present.

emergencies.

A review of written policy and the detainee handbook, observation of a formal count on 05/01/2012 and a review of count documentation completed during the past twelve months were used to determine compliance with this standard. The facility maintains a master count board in the booking area and conducts formal counts at 7:00 AM, 12:00 noon and 7:00 and 10:30 PM. All detainee movement ceases during the count process, and while vehicles are permitted into the sally port, no admissions or releases are processed until the count is cleared. Entry and exit through the secure perimeter are also prohibited during counts. This facility has provisions for recounts and emergency counts through and including declaring an escape. The process used would provide early identification of a missing detainee.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

A face-to-photo count follows each unsuccessful recount.

Written procedures cover informal and emergency counts.

Officers positively identify each detainee before counting

The control officer (or other designated position) maintains an

out -count record of all detainees temporarily leaving the facility.

This training is documented in each officer's training folder.

ACCEPTABLE

They are followed during informal counts and

The facility uses wrist bands and facial

comparisons to printed face sheets during

Officers observed movement and confirmed

that they were seeing and counting a living

This data is entered into the detainee

working in the control center.

information management system and is

REPEAT FINDING

available to all staff, including detention staff

POST ORDERS POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST. ACC COMPONENTS DEF N/A REMARKS M Every fixed post has a set of post orders. Each set contains the latest inserts (emergency memoranda, etc.) The current set of post orders was reviewed and approved by the jail administrator on and revisions. \boxtimes 11/03/2011. All addendums and revisions П were incorporated in the post orders at that The jail administrator is responsible for One individual or department is responsible for keeping all post-X \Box orders current with revisions that take place between reviews. maintaining all post orders. M The IGSA maintains a complete set (central file) of post orders. The central file is accessible to all staff. A central post order file is available to all \bowtie staff in the jail administrator's office. The OIC or Contract / IGSA equivalent initiates/authorizes all The jail administrator authorizes all post \boxtimes post-order changes. order changes. The OIC or Contract / IGSA equivalent has signed and dated the The jail administrator has signed and dated \boxtimes last page of every section. the first page of every post order. The last review and update of the post orders A review/updating/reissuing of post orders occurs regularly and \boxtimes П at a minimum, annually. was completed on 11/03/2011. Procedures keep post orders and logbooks secure from detainees Post orders are securely maintained in locked \boxtimes \Box areas. No post orders are maintained in at all times. detainee housing or recreation areas. Every armed-post officer qualifies with the post weapon(s) Officers qualify with post weapons at the before assuming post duty. Sheriff's Office range, located a few miles from the facility. (b)(7)e \boxtimes (b)(7)e

REMARKS:

Interviews with staff, observation of operations and a review of documentation were used to determine standard compliance. Facility policy addresses post orders. Every detention officer assignment in the facility has a corresponding post order. The post orders were last reviewed and approved by the jail administrator on 11/03/2011. The post orders have since been reviewed by all detention staff.

X

DEFICIENT

AT-RISK

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

Armed-post post orders provide instructions for escape attempts. The post orders for housing units track the event schedule.

Housing-unit post officers record all detainee activity in a log.

The post order includes instructions on maintaining the logbook.

ACCEPTABLE

Post orders track the housing unit schedule.

facility. Detainee activity is recorded in a chronological log kept in the control center.

There are no housing unit posts in this

REPEAT FINDING

SECURITY INSPECTIONS

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The facility has a comprehensive security inspection policy. The policy specifies: • Posts to be inspected; • Required inspection forms; • Frequency of inspections; • Guidelines for checking security features; and • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement	\boxtimes			A Shift Security Checklist is completed by detention staff. Use of this checklist covers the bulleted items listed in this component.
Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes			Every major common area of the facility is searched (b)(7)e Searches are documented on the Shift Security Checklist.
Documentation of security inspections is kept on file.	\boxtimes			A file of completed Shift Security Checklists is maintained.
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				Recurring problems are reported by shift supervisor to the maintenance supervisor. Serious problems are reported to the jail administrator.
The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			
All visits are officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
The facility has a secure visitor pass system.	\boxtimes			
Every Control Center officer receives specialized training.				On-the-job training on control center duties is provided by the shift supervisor.
The Control Center is staffed around the clock.	\boxtimes			At this facility, the control center is staffed 24 hours a day.
Policy restricts staff access to the Control Center.	\boxtimes			Control center access is limited.
Detainees are restricted from access to the Control Center.	\boxtimes			Detainees are prohibited from entering the control center.
Communications are centralized in the Control Center.	\boxtimes			The control center is the communication hub of the facility.
Officers monitor all vehicular traffic entering and leaving the facility.				Vehicles do not enter the secure perimeter of the facility. Those entering and departing the vehicle sally port are monitored using video surveillance from the control center.
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: • The driver's name; • Company represented; • Vehicle contents; • Delivery date and time; • Date and time out; • Vehicle license number; and • Name of employee responsible for the vehicle during the visit			\boxtimes	Vehicles do not enter through the secure perimeter of the facility.
Officers thoroughly search each vehicle entering and leaving the facility.				Vehicles do not enter through the secure perimeter of the facility.
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			· · · · · · · · · · · · · · · · · · ·

SECURITY INSPECTIONS

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.		\boxtimes		The tools of a telephone repair contractor who performed work in the facility during the inspection were not inventoried when that contractor entered and left through the secure perimeter of the facility. No documentation was available to confirm that the tools of any other contractor entering the facility had been inventoried.
The SMU entrance has a sally port.		\boxtimes		This component was rated as deficient during the last inspection due to the special management unit (SMU) entrance having only a single door. The SMU still does not have a sally port. This is a repeat deficiency.
Written procedures govern searches of detainee housing units and personal areas.				
Housing area searches occur at irregular times.	\boxtimes			A review of the search logs confirmed housing areas are searched on an irregular basis.
Every search of the SMU and other housing units is documented.	\boxtimes			
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	\boxtimes			
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.		\boxtimes		A documented perimeter security check is conducted (b)(7)e The jail administrator stated that he also conducts a thorough security check of the exterior of the facility every day during the day shift. There was no documentation, however, to confirm the completion of any of the day shift inspections.
Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.				(b)(7)e
Visitation areas receive frequent, irregular inspections.	\boxtimes			The visiting area is searched on an irregular basis and at the conclusion of visiting periods.
		AT-R	ISK	☐ REPEAT FINDING

REMARKS:

A review of documentation, observation of practices and interviews with staff were used to determine compliance with this standard. Written policy and procedures address security procedures.

The facility is comprised of a single building. Ther	(b)(7)e					
(b)(7)e	The perimeter of the building	is inspected	(b)(7)e	and			
the search documented. The jail administrator indicated that h	e completes a perimeter check	(b)(7)e	but n	o			
documentation was available to confirm the inspections. Cell and area searches are well documented.							

Vehicles enter the vehicle sally port, but do not enter into the secure portion of the facility. The only entrances into the secure portion are designed for pedestrian traffic and include entry through two secure doors which, per policy, cannot be opened at the same time.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.				
 In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved. A copy of the order given to the detainee within 24 hours. 				
 The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative). 				The jail administrator conducts a review of a detainee's segregation status within 72 hours of the detainee's placement.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and: • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification?	\boxtimes			The jail administrator conducts reviews every week for the first month and every 30 days after the first month. The detainee is interviewed. The review, along with the decision and the applicable justification, is documented on a Temporary Administrative Segregation Confinement form.
The detainee is given a copy of the decision and justification for each review. • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.	\boxtimes			Detainees are provided copies of the results of segregation hearings and have an opportunity to appeal the decisions made at those hearings to a higher authority within the facility.
The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.				Policy includes provisions for notifying ICE when a detainee is placed in administrative detention and also requires notification when the detainee's placement exceeds 30 and 60 days respectively.
 The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. A written record is made of the decision and the justification. The detainee receives a copy of this record. 				The administrative segregation case reviews conducted by the jail administrator include the actions listed in this component.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.	\boxtimes			Detainees have appeal rights that include the items listed in this component.
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	\boxtimes			

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

The SMU is: • Well ventilated; • Adequately lighted; • Appropriately heated; and • Maintained in a sanitary condition. All cells are equipped with beds. • Every bed is securely fastened to the floor or wall. The number of detainees in any cell does not exceed the	The CMILIO				
 Adequately lighted; Appropriately heated; and Maintained in a sanitary condition. All cells are equipped with beds. Every bed is securely fastened to the floor or wall. Bunks are bolted to the floor in the segregation unit.					
 Appropriately heated; and Maintained in a sanitary condition. All cells are equipped with beds. Every bed is securely fastened to the floor or wall. Bunks are bolted to the floor in the segregation unit.				П	
 Maintained in a sanitary condition. All cells are equipped with beds. Every bed is securely fastened to the floor or wall. Bunks are bolted to the floor in the segregation unit.					
Every bed is securely fastened to the floor or wall.					
• Every bed is securely fastened to the floor or wall. segregation unit.	All cells are equipped with beds.	M			Bunks are bolted to the floor in the
The number of detainees in any cell does not exceed the			Ш	Ш	segregation unit.
41 · 1					
occupancy limit.					
• When occupancy exceeds recommended capacity, do basic living standards decline? The number of detainees assigned will not					The number of detainees assigned will not
Do criteria for objectively assessing living standards Do criteria for objectively assessing living standards	•				
exist?					encoda uno con capación.
If yes, are the criteria included in the written	• If yes, are the criteria included in the written				
procedures?	1				
The segregated detainees have the same opportunities to			_	_	
exchange/launder clothing, bedding, and linen as detainees in the	<u> </u>		Ш	Ш	
general population. Detainees receive three nutritious meals per day, from the Detainees in segregation receive the same					Detaineds in segregation receive the same
general population's menu of the day. meals as detainees in the general population.					
• Do detainees eat only with disposable utensils? Do detainees eat only with disposable utensils?	• • • • • • • • • • • • • • • • • • • •	l п	\square		
• Is food ever used as punishment?	Is food ever used as punishment?			Ш	
plastic spork (combination spoon/fork) and					
do not eat with disposable utensils. Each detainee maintains a normal level of personal hygiene in	Each datainee maintains a normal level of personal hygiene in				do not eat with disposable utensiis.
the SMU.					
The detainees have the opportunity to shower and		\boxtimes			
shave at least three times a week.	shave at least three times a week.				
If not, explain.					
The detainees are provided:	÷				
 Barbering services; Recreation privileges in accordance with the "Detainee 	· · · · · · · · · · · · · · · · · · ·				
Recreation standard;					
Non-legal reading material:	,				
Poligious material:		\boxtimes			
 The same correspondence privileges as detainees in the The same correspondence privileges as detainees in the 					opportunities listed in this component.
general population;	C 1 1				
Telephone access similar to that of the general					
population; and • Personal legal material.	* *				
 Personal legal material. A health care professional visits every detainee at least three The shift supervisor on each shift visits and 					The shift supervisor on each shift visits and
times a week. Speaks with each detainee in the special					
• The shift supervisor visits each detainee daily. The shift supervisor visits each detainee daily.					
Weekends and holidays. Weekends and holidays. Visits each detainee five days a week. The					
visits are documented on the detainee- specific Segregation Observation Log.					

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Procedures comply with the "Visitation" standard.				
 The detainee retains visiting privileges; and 	\boxtimes	П		
 The visiting room is available during normal visiting 		Ш		
hours.				
Visits from clergy are allowed.	\boxtimes			
Detainees have the same law-library access as the general				Detainees receive the same law library access
population.				as general population detainees. Depending
• Are they required to use the law library $\boxtimes \underline{\text{Separately}}$,	\boxtimes			on their security needs, detainees may use the
or				law library separately, or have materials
As a group?				delivered to their cells.
Are legal materials brought to them? The SMIL residual residual and in the small residual				
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	\boxtimes			
SPC procedures include completing the SMU Housing Record				
(I-888) immediately upon a detainee's placement in the SMU.				A facility record is created to document a
Staff completes the form at the end of each shift.	\boxtimes	П	П	detainee's placement in administrative
• CDFs and IGSA facilities use Form I-888 (or local		Ш	Ш	segregation.
equivalent).				Segregation.
Staff record whether the detainee ate, showered, exercised, and				
took any applicable medication during every shift.				
• Staff logs record all pertinent information, e.g., a				
medical condition, suicidal/assaultive behavior, etc;				Segregation logs contain all of the
• The medical officer/health care professional signs each	\boxtimes		Ш	information listed in this component.
individual's record during each visit; and				-
• The housing officer initials the record when all detainee				
services are completed or at the end of the shift.				
A new record is created for each week the detainee is in				The forms used at this facility are designed to
Administrative Segregation.				record activities for two days. Once
• The weekly records are retained in the SMU until the		\boxtimes		completed, the forms are immediately placed
detainee's return to the general population.]			in the detainee's detention file and are not
				retained in the SMU or a nearby secure
		<u></u>		location.
ACCEPTABLE DEFICIENT		AT-R	ISK	☐ REPEAT FINDING

REMARKS:

A review of facility documentation, observation of practices, inspection of segregation areas and interviews with staff and detainees in administrative segregation were used to determine compliance with this standard. Policy describes facility procedures related to this standard. Male administrative segregation detainees are housed in a special management unit with male disciplinary segregation cases. The cells are separated by tier. Female administrative segregation cases are housed in a secure cell within the female housing unit.

Detainees receive privileges commensurate with those provided to general population detainees. A detainee's status is reviewed in accordance with the standard.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Officers placing detainees in disciplinary segregation follow	\boxtimes	П	П	
written procedures.				
The sanctions for violations committed during one incident are	\boxtimes			
limited to 60 days. A completed Disciplinary Segregation Order accompanies the				
detainee into the SMU.		_	_	
• The detainee receives a copy of the order within 24	\boxtimes		Ш	
hours of placement in disciplinary segregation.				
Standard procedures include reviewing the cases of individual				Disciplinary segregation cases are reviewed
detainees housed in disciplinary detention at set intervals.	\boxtimes		П	every seven days. The detainee receives a
After each formal review, the detainee receives a written				copy of the decision and its justification.
copy of the decision and supporting reasons.				13
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	\boxtimes			
Detainees in disciplinary segregation have fewer privileges than				Detainees in disciplinary segregation are
those housed in administrative segregation.				subject to more stringent control of personal
those housed in administrative segregation.	\boxtimes			property and have more restrictive reading,
				television, telephone and commissary
				privileges.
Living conditions in disciplinary SMUs remain the same				Policy states living conditions will remain the
regardless of behavior.				same regardless of circumstances. When
• If no, does staff prepare written documentation for this action?	\boxtimes			different treatment is required to address security concerns, the jail administrator must
 Does the OIC sign to indicate approval. 				review the justification and approve the
Does the Ole sign to indicate approvai.				adjustment.
Every detainee in disciplinary segregation receives the same	\boxtimes			
humane treatment, regardless of offense.			ш	
The quarters used for segregation are:				
Well-ventilated.				
Adequately lighted. Appropriately heated.	\boxtimes	Ш	Ш	
Appropriately heated.Maintained in a sanitary condition.				
<u> </u>				
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	\boxtimes			Beds are bolted to the floor.
The number of detainees confined to each cell or room is limited				The number of detainees confined to each
to the number for which the space was designate.				cell in the special management unit (SMU)
• Does the OIC approve excess occupancy on a	\boxtimes			unit never exceeds the design capacity. The
temporary basis?				facility houses only one detainee per cell in
				the SMU.
When a detainee is segregated without clothing, mattress,				The removal of items from a detainee in
blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as				segregation is properly justified. The items are returned as soon as it is determined safe
soon as it is safe.	\boxtimes			to do so. Detainees requiring a dry cell
				setting are moved to a medical observation
				cell.
Detainees in the SMU have the same opportunities to exchange	\boxtimes			
clothing, bedding, etc., as other detainees.				

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. • Food is not used as punishment.				Detainees are served the same meals as those served to the general population. The disciplinary policy prohibits the use of food as punishment.
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.				These activities are recorded on the Housing Unit Record.
Detainees receive, unless documented as a threat to security:	\boxtimes			Detainees in disciplinary segregation have access to all of the items listed in this component. The amount of reading material is restricted.
 When phone access is limited by number or type of calls, the following areas are exempt: Calls about the detainee's immigration case or other legal matters; Calls to consular/embassy officials; and Calls during family emergencies (as determined by the OIC/Warden). 				
 A health care professional visits every detainee in disciplinary segregation every week day. The shift supervisor visits each segregated detainee daily Weekends and holidays. 	\square			The shift supervisor on each shift visits and speaks with each detainee in the SMU. The nurse also visits each detainee five days a week. The visits are documented on the detainee-specific Segregation Observation Log.
SMU detainees are allowed visitors, in accordance with the "Visitation" standard.				This component was rated as deficient during the last inspection due to the facility restricting detainees in disciplinary segregation to visits from the clergy or legal representatives. Visitation for detainees in disciplinary segregation is still limited to these visits. This is a repeat deficiency.
 SMU detainees receive legal visits, as provided in the "Visitation" standard. Legal service providers are notified of security concerns arising before a visit. 				
Visits from clergy are allowed. • The clergy member is given the option of visiting/not visiting the segregated detainee. • Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected.				

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	ACC	DEF	N/A	REMARKS
 SMU detainees have law library access. Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library. 				Policy is consistent with all of the issues listed in this component.
All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.				
The SPCs, the Special Management Housing Unit Record (I-888or equivalent), is prepared as soon as the detainee is placed in the SMU. • All I-888s are filled out by the end of each shift. • The CDF/IGSA facility use Form. • I-888 (or equivalent local form).				The facility uses a locally developed Temporary Administrative Segregation Confinement form, which is prepared as soon as the detainee is placed in the SMU.
 SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 		\boxtimes		Visits, medical conditions, suicidal or violent behavior and services are documented on the Segregation Observation Log. The log covers a two day period. Once completed, the forms are immediately placed in the detainee's detention file and are not retained in the SMU or a nearby secure location.

REMARKS:

A review of applicable documentation, observation of practices, inspection of segregation areas and interviews with staff were used to determine compliance with this standard. Detainees in disciplinary segregation have regular status reviews. Privileges for these detainees are restricted. Male detainees requiring disciplinary segregation are housed in the same unit with administrative segregation detainees. They are divided by tier within the unit. Female disciplinary segregation detainees are housed in a secure cell in the female housing unit. There were no detainees in disciplinary segregation during the inspection.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

TOOL CONTROL

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

COMPONENTS	ACC	DEF	N/A	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.				The maintenance supervisor is responsible for developing tool control procedures.
Department heads are responsible for implementing this standard in their departments.	\boxtimes			The lead employee in each department is responsible for tool control within their area.
Tool inventories are required for the: • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory.	\boxtimes			Medical and food service tools are inventoried and secured within their areas. Maintenance department and armory tools are stored outside of the security perimeter of the facility. Inventories are provided when tools enter and exit the facility. The facility does not have a recreation department or an electronics shop.
 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			This component was rated as deficient during the last inspection due to policy not specifically addressing timelines for tool inventories or including information on required documentation. Policy now requires the regular inventorying of all tools. The maintenance supervisor in this IGSA facility maintains a tool log any time a tool is brought into the secure portion of the facility.
The facility has a tool classification system. Tools are classified according to: • Restricted (dangerous/hazardous); and • Non-Restricted (non-hazardous).				This component was rated as deficient during the last inspection due to the facility not having a tool classification system. All tools are maintained outside the secure perimeter. Any tool brought into the facility is considered restricted. No detainee is given access to tools.
Department heads are responsible for implementing tool-control procedures.				One person in each department is responsible for implementing tool control procedures.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			This component was rated as deficient during the last inspection due to the facility's policy not being specific regarding tool markings and identification. The facility now has a tool color coding system.
 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice. 				Tools are primarily stored outside of the facility in a separate mechanical services building. Tools stored inside the secure facility are limited to scissors in the kitchen and medical instruments in the medical area.
Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			In accordance with facility policy and practice, detainees are not issued tools. Staff use sign out sheets to document the issuance of tools.

TOOL CONTROL POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT. **COMPONENTS** ACC DEF N/A REMARKS The facility has policies and procedures to address the issue of This component was rated as deficient during lost tools. The policy and procedures include: the last inspection due to the facility not Verbal and written notification; having written policy detailing steps to be \boxtimes taken if a tool is lost. Policies and Procedures for detainee access; and procedures addressing tool control and the Necessary documentation/review for all incidents of issue of lost tools are now in place. lost tools. No broken or worn out tools were found Broken or worn out tools are surveyed and disposed of in an \boxtimes appropriate and secure manner. stored within the facility. All private or contract repairs and maintenance workers under During the inspection, an outside phone contract to ICE, or other visitors, submit an inventory of all tools repair contractor was escorted into the prior to admittance into or departure from the facility. facility without his numerous tools being \boxtimes inventoried. No documentation was available to confirm that the tools of any other contractor entering the facility had been inventoried.

REMARKS:

Per policy, all tools are stored off-site and are to be inventoried when they are brought into the secure portion of the facility, and again when they are removed. Documentation confirmed that maintenance tools are inventoried in accordance with this policy. Inventories of medical and food service tools were being maintained.

AT-RISK

DEFICIENT

Staff are permitted to carry personal suicide response "cut down" tools. There is no accountability for these devices. An employee may also sign a "cut down" tool out from the control center in exchange for a chit.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

ACCEPTABLE

REPEAT FINDING

TRANSPORTATION (LAND TRANSPORTATION)

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

ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL	·•			
STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTAGE CONTROL OF THE DETAINEE CASE.	TION IS	HANDLE	ED ONLY	BY THE ICE FIELD OFFICE OR SUB-OFFICE IN
COMPONENTS	ACC	DEF	N/A	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			Transportation officers are required to review the state driving rules periodically.
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.	\boxtimes			Each officer assigned to transportation has a Commercial Driver's License (CDL) issued by the State of Kansas.
Supervisors maintain records for each vehicle operator.				The transportation sergeant maintains records for the vehicles and each vehicle operator.
Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability; and Deficiencies are corrected before the vehicle goes back into service.				A review of the vehicle checklists for the last quarter revealed no vehicle deficiencies. The facility has a local contract for vehicle repair.
 Transporting officers: Limit driving time to 10 hours in any 15 hour period; Drive only after eight consecutive off-duty hours; Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours; Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days; During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area—exceeding the 10-hour limit. 	\boxtimes			Most trips are limited to no more than 50 miles.
 (b)(7)(e) fficers with valid CDLs required in any bus transporting detainees. When buses travel in tandem with detainees, there are (b)(7)eualified officers per vehicle. An unaccompanied driver may transport an empty vehicle. 				
Before the start of each detail, the vehicle is thoroughly searched.				The vehicles are searched at the beginning of the shift by the transportation staff.
Positive identification of all detainees being transported is confirmed.				Detainees are identified by picture before being loaded on the bus or van.
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			Each detainee is pat-searched before boarding the bus.
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.	\boxtimes			
(b)(7)e	\boxtimes			(b)(7)e
The vehicle crew conducts a visual count once all passengers are on board and seated. • Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.				
Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			Policy and procedures addressing the use of restraining equipment are in place.

TRANSPORTATION (LAND TRANSPORTATION)

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL. STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE. **COMPONENTS** ACC DEF N/A REMARKS Officers ensure that no one contacts the detainees. \boxtimes One officer remains in the vehicle at all times when detainees are present. Meals are provided during long distance transfers. The facility prepares bag lunch for the П \boxtimes The meals meet the minimum dietary standards, as detainees as needed. identified by dieticians utilized by ICE. The vehicle crew inspects all Food Service pickups before This component was rated as deficient during accepting delivery (food wrapping, portions, quality, quantity, the last inspection due to transportation thermos-transport containers, etc.). officers not being aware of their Before accepting the meals, the vehicle crew raises and responsibilities related to the activities listed in the component. During this inspection, the resolves questions, concerns, or discrepancies with the \bowtie П П transportation officers indicated that they Food Service representative; would inspect any food service pickups latrines. and drinking-water Basins. before accepting delivery. Because most containers/dispensers are cleaned and sanitized on a transports handled by this facility are limited fixed schedule. to no more than 50 miles, food service pickups are usually not required. Vehicles have: \boxtimes П (b)(7)e (b)(7)eX The vehicles are clean and sanitary at all times. Personal property of a detainee transferring to another facility is: Detainee property is inventoried and Inventoried: \boxtimes inspected, and accompanies the detainee Inspected; and during transfer. Accompanies the detainee. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death There are written procedures for the X П П Vehicle fire contingencies listed for this component. Riot Traffic accident Mechanical problems Natural disasters Severe weather

REMARKS:

Passenger list includes women or minors

ACCEPTABLE

DE

The facility transport staff typically transport detainees to and from the Justice Prisoner and Alien Transportation System (JPATS)

DEFICIENT

AT-RISK

REPEAT FINDING

operations in Kansas City, MO. The facility operates a 44-passenger bus and a 14-passenger van. Transportation staff are required to have a CDL license and to wear protective vests.

(b)(6), (b)(7)(c) / 05/03/2012

AUDITOR'S SIGNATURE / DATE

USE OF FORCE

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			
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, officers must try to resolve the situation without resorting to force.				Staff training focuses on de-escalation techniques.
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
The facility subscribes to the prescribed Confrontation Avoidance Procedures. • Ranking detention official, health professional, and others confer before every calculated use of force.				Per staff, all efforts are taken to avoid using force.
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. • Under staff supervision.		\boxtimes		This component was rated as deficient during the last inspection due to a failure to use Use-of-Force Team Techniques. Per interviews with staff, Use-of-Force Team Techniques are still not used in this facility. This is a repeat deficiency.
Staff members are trained in the performance of the Use-of-Force Team Technique.		\boxtimes		This component was rated as deficient during the last inspection due to detention staff not being trained on the Use-of-Force Team Technique. This training is still not provided. This is a repeat deficiency.
All use-of-force incidents are documented and reviewed.	\boxtimes			Incidents are videotaped by staff and reviewed by the jail administrator.
 Staff: Do not use force as punishment; Attempt to gain the detainee's voluntary cooperation before resorting to force; Use only as much force as necessary to control the detainee; and Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	\boxtimes			The practices listed in this component are included in written policy. Staff interviewed confirmed this is also facility practice.
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.				Policy specifies that medication may only be used for restraint purposes when authorized by the medical authority as medically necessary.
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).		\boxtimes		This component was rated as deficient during the last inspection due to team techniques not being used to prevent injury and exposure to communicable diseases. Use-of-Force teams still do not follow written procedures to help prevent injury and exposure to communicable diseases. This is a repeat deficiency.

USE OF FORCE

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

COMPONENTS	ACC	DEF	N/A	REMARKS
Standard procedures associated with using four-point restraints				
include:Soft restraints (e.g., vinyl);				
 Dressing the detainee appropriately for the 				
temperature;				
 A bed, mattress, and blanket/sheet; 				
• Checking the detainee at least every 15 minutes;	\boxtimes	ˈ		4
 Logging each check; 				(b)(7)e
Turning the bed-restrained detainee often enough				
to prevent soreness or stiffness;				
Medical evaluation of the restrained detainee twice The second state of the				
per eight hour shift; and When qualified medical staff is not immediately.				
• When qualified medical staff is not immediately available, staff position the detainee "face-up".				
The shift supervisor monitors the detainee's position/condition				
every two hours.	\boxtimes			
He/she allows the detainee to use the rest room at				
these times under safeguards.	<u> </u>			
All detainee checks are logged.				The shift correspond is the replace of date.
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	<u> </u>	_		The shift sergeant is the ranking on-duty supervisor. The sergeant stated medical staff
one are actualled to under control.				is contacted at the conclusion of each use of
				force situation.
When the OIC authorizes use of non-lethal weapons:				This component was rated as deficient during
Medical staff is consulted before staff use pepper				the last inspection due to medical staff not
spray/non-lethal weapons.				being consulted prior to the use of non-lethal
 Medical staff reviews the detainee's medical file 				weapons on detainees. The facility nurse is
before use of a non-lethal weapon is authorized.				on duty from 8:30 AM until 4:30 PM or
				shortly thereafter Monday through Friday. If
	\boxtimes	ˈ		the nurse is in the facility, she will be
				consulted before the use of pepper spray/non-lethal weapons. If the nurse is not on duty,
				the intake health screening form completed
				by officers during the admission process is
				reviewed prior to the use of a non-lethal
				weapon. Detention staff have been trained by
				medical staff to recognize potential medical
				concerns.
Special precautions are taken when restraining pregnant				Medical staff is consulted for instructions on
detainees. Medical personnel are consulted	\boxtimes			restraining pregnant detainees.
Medical personnel are consulted Protective gear is worn when restraining detainees with open				This component was rated as deficient during
cuts or wounds.				the last inspection due to the (b)(7)e
Carlo C. Hounds.				the last inspection due to the (b)(1)6
		\boxtimes		
				(b)(7)e
Staff documents every use of force and/or non-routine				
application of restraints.	\boxtimes	Ш		

USE OF FORCE					
POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:					
COMPONENTS	ACC	DEF	N/A	REMARKS	
It is standard practice to review any use of force and the non-routine application of restraints.				The jail administrator, ICE staff and the sheriff review all uses of force and non-routine applications of restraints involving ICE detainees.	
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. • Specialized training is given and Officers are certified in all devices they use.	\boxtimes			(b)(7)e	
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?				This IGSA facility has a local form used to document incidents involving uses of force.	
△ ACCEPTABLE ☐ DEFICIENT		AT-R	ISK	REPEAT FINDING	
REMARKS: Interviews with staff and a review of written policy, documentation and training records were used to determine compliance with this standard. Interviews with staff revealed that use-of-force procedures are not consistently followed. Staff does not receive training in team techniques, and frequently, (b)(7)e Per supervisory staff, the facility has arrangements to receive assistance from local law enforcement agencies should the need arise. (b)(7)e					
If she is not on duty and the need for medical assistance arises, t	(b)(7)e the facili	ty would	d place a	a 911 call and have responding medical	
professionals provide needed medical care.		<i></i>		(b)(7)e	
(b)(7)e					
				deo from a planned use of force cell extraction noted. No ICE detainees have been involved in	

STAFF DETAINEE COMMUNICATIONS

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

COMPONENTS	ACC	DEF	N/A	REMARKS
The ICE Field Office Director ensures that weekly announced				Both announced and unannounced ICE visits
and unannounced visits occur at the IGSA.				occur weekly.
Detention and Deportation Staff conduct scheduled weekly visits	\boxtimes			ICE staff visits the facility every Monday and
with detainees held in the IGSA.				speaks with the detainees.
Scheduled visits are posted in ICE detainee areas.	\boxtimes			
Visiting staff observe and note current climate and conditions of	\boxtimes]		This information is gathered during the
confinement at each IGSA.				weekly visits.
ICE information request Forms are available at the IGSA for use	\boxtimes			
by ICE detainees.		Ш		
The IGSA treats detainee correspondence to ICE staff as Special	\boxtimes			
Correspondence.		Ш		
ICE staff responds to a detainee request from an IGSA within 72				The facility maintains a log with copies of
hours.	\boxtimes		l 👝	ICE request forms and responses. A review
		Ш		of this log revealed ICE staff respond to
				requests within 72 hours.
ICE detainees are notified in writing upon admission to the				
facility of their right to correspond with ICE staff regarding their	\boxtimes			
case or conditions of confinement.				
ACCEPTABLE DEFICIENT		AT-R	ISK	REPEAT FINDING
	_		==	

REMARKS:

A review of procedures and log books, and interviews with the assigned Supervisory Immigration Enforcement Agent, the Deportation Officer and the detainees, were used to evaluate this standard. ICE staff visit the facility at least weekly. A review of ICE logs indicated that detainee requests are answered within 72 hours.

(b)(6), (b)(7)(c) / 05/03/2012 AUDITOR'S SIGNATURE / DATE

DETAINEE TRANSFER STANDARD

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

COMPONENTS	ACC	DEF	N/A	REMARKS
 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. The notification is recorded in the detainee's file; and When the A File is not available, notification is noted within DACS 	\boxtimes			The ICE Field Office makes the notification to the attorney of record.
Notification includes the reason for the transfer and the location of the new facility.				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes			
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			Detainees are notified both verbally and in writing of their responsibility to notify their family.
 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer; The detainee is not notified of the transfer until immediately prior to departing the facility; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	\boxtimes			This component was rated as deficient during the last inspection due to policy not addressing any of the items listed in this component. Policy and procedures are now in place to ensure that times and transfer plans are not discussed with the detainees. The detainees are not allowed to use the phone prior to transfer and are not notified until immediately prior to departing the facility.
The detainee is provided with a completed Detainee Transfer Notification Form.				
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			
 For medical transfers: The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; Medical transfers are coordinated through the local ICE office; and A medical transfer summary is completed and accompanies the detainee. 	\boxtimes			Immigration Health Service Corps (IHSC) is notified of significant detainee medical concerns. When a transfer is approved, a medical summary accompanies the detainee.
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.	\boxtimes			This facility does not have IHSC staff on site. However, the facility completes a medical transfer summary for detainees being transferred.
For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			Any medical instructions needed for transport will be included in the transfer summary.
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	\boxtimes			A detainee's property, funds and valuables are returned to the detainee when he/she is transferred out of the facility.
Transfer and documentary procedures outlined in Section C and D are followed.				

DETAINEE TR	ANSFE	R STA	NDARD	
POLICY : ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHE SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAITORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE O TAKING PLACE.	ICE WII THER TH TAINEE'S	LL ADHE IE DETAII S STAGE V	ERE TO J NEE IS RE WITHIN T	PATS PROTOCOLS. IN DECIDING WHETHER TO EPRESENTED BEFORE THE IMMIGRATION COURT. IN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S
COMPONENTS	ACC	DEF	N/A	REMARKS
Meals are provided when transfers occur during normally schedule meal times.	Acc	DEF	N/A	REMARKS Detainees are provided with meals during transport when appropriate.
Meals are provided when transfers occur during normally		DEF	N/A	Detainees are provided with meals during

REMARKS:

Policy was reviewed and interviews were conducted with the jail administrator and the assigned Deportation Officer and Supervisory Immigration Enforcement Agent.

☐ AT-RISK

DEFICIENT

(b)(6), (b)(7)(c) / 05/03/2012

ACCEPTABLE

AUDITOR'S SIGNATURE / DATE

REPEAT FINDING